Clinical Lecture ON TINEA SYCOSIS.

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GENTLEMEN,—I shall bring under your notice to-day a case of parasitic sycosis. So uncommon is this disease that this is the first opportunity I have had during the time I have been connected with the Department for Skin Diseases in this hospital of demonstrating the disease to you. The term "sycosis" is used to designate an inflammatory state of the hair-follicles in the regions of the beard, whiskers, and moustache. This inflammation may be excited by various causes—by external irritation, by cold, &c. It may be brought about also by the attack of a vegetable parasite, the Microsporon mentagrophytes; and for the sake of convenience, the varieties of sycosis are recognised according as the cause is a parasitic or a non-parasitic one. In the one case—viz., where sycosis is produced by the attack of a fungus—the disease is termed tinea sycosis (or sycosis parasitica); and in the other simply sycosis. Now in this country parasitic sycosis is very rare, but simple sycosis (S. non-parasitica) is fairly common. I shall speak to-day of the parasitic sycosis (tinea sycosis).

Hebra, in his work published in 1865, doubted the existence of a parasitic sycosis; and, as far as his own personal observation went, he coincided in this respect with Bärensprung, Gustav Simon, Wedl, and others. Mr. Hutchinson, in 1866 (London Hospital Reports, vol. iii., 1866, p. 389), was of Hebra's opinion too, and he gave the following challenge: "Will some one of the several British dermatologists who advocate its cryptogamic origin prove the fact by a demonstration before the Pathological Society?" This does not prove that Mr. Hutchinson disbelieved the existence of the disease. Dr. McCall Anderson answered the challenge before a meeting of the Medico-Chirurgical Society of Glasgow held on Jan. 17th, 1868, affording one distinct piece of evidence in proof that Gruby's discovery of the fungus in 1842 (*Gazette Médicale*) was a real one. Now the fact is that parasitic sycosis occurs much more frequently in France than in this country. It is infinitely rare in England, and is, as it seems, unknown in Germany. On account of the rarity of the disease and the doubts which exist in regard to its occurrence by high authorities, the case I have to bring under your notice to-day should be peculiarly interesting. The following are the particulars of the case:—

J. D——, aged forty-two, sent to me by my friend Mr. Walter Coulson. He complains of having been out of health for some time, and dates the commencement of this disease from about three weeks ago. He is a coachman, and has several horses to look after. One of these horses has a "dry scurf" about the heel, and to prevent this disordered condition from getting worse, he has frequently picked away the scaliness with his fingers. The horse has always had this scurfiness, but "it never breaks out." I may say at once that I could detect no fungus in the hairs or scales taken from the scurfy patch in the said horse's heel.

Three weeks since the man noticed the present disease begin about the chin; a few "hot places," accompanied with burning and scalding, first made their appearance. The disease consisted, in fact, of "a few lumps," with a certain amount of "watery humour." The man then poulticed the face, but the eruption gradually got worse, and discharged a good deal, and every remedy used irritated the face.

Present state.—The right upper lip is the seat of an exaggerated sycosis; the left lip is healthy. The area of the patch is just covered by a shilling. The diseased part is circular, much raised, and studded over with minute pustules. There are no crusts. The hairs, which have been cut off close to the skin, are loosened, and come away easily. The base of the inflamed spot is raised and indurated. The whole of the chin is diseased over an area that would be covered with a circular piece of paper three inches in diameter, and there are a few outlying tubercular swellings. But the centre of this diseased area is rather to the right side of the middle of the chin in front. The whole surface is elevated into large nodular swellings, with central yellow points in many cases, and of the size in some instances of a large pea, and these are crowded together so as to give the diseased surface a raised and markedly irregular character. On close inspection, these nodular or bunchy swellings are seen each to comprise a number of inflamed hair-follicles, whilst the connective tissue round about is involved in the inflammation. The hairs are everywhere loose, and come away very readily. There is a good deal of burning pain in the part, especially at night, and lately there has been much itching. The fact is, every hair-follicle is inflamed and prominent, and the perifollicular tissue is involved, so that the whole surface is swollen, raised, and indurated. But there are, as it were, groups of hair-follicles parcelled together into large nodular swellings, in size from that of a pea to a moderate-sized nut, and these are studded together over the whole diseased area. I have said the hairs were loosened in the follicles and came away most readily. On examining them they are seen to be dull-looking and lustreless, swollen, in some cases of lighter colour than are the healthy hairs of adjoining parts, and they are some of them very brittle and twisted—characters that are the same as those presented by the hairs in tinea tonsurans. On placing certain of these hairs under the microscope, they are seen—and you can judge for yourself from the specimens I exhibit, and from hairs you can take from the man's chin—to be both loaded with and ensheathed by fungus (Microsporon mentagrophytes), especially in the mycelial form, which radiates through and about the shaft of the hairs in the most luxuriant manner. (See Figs. 1 and 2.) The appearances seen on microscopic examination prove most incontestably that there is a parasitic sycosis. In some cases the fungus has not attacked the interior of the hair-shaft; in fact, sufficient time has not elapsed; but the fungus is seen in luxuriant growth about the roots of the hairs. It has broken up the connexion of the hair, its sheaths, and the follicular wall, and hence the hairs come away very readily. But you will not fail to notice certain outlying parts, that look like collections of two or three closely-packed, huge, indolent-looking acne indurata spots. This has its bearing on the diagnosis of the disease. Just take the forceps and pull at some of the hairs for yourselves, and you will see that they are lying quite loose in the follicles. You can examine them at your leisure, and compare them with the specimens I have shown you under the microscope.

But the interest of the case is by no means exhausted in the recitation of these particulars; for the man suffered at the same time from ordinary tinea circinata of the forearms, as you will see for yourselves. On the left arm is a small red patch, the size of a split pea, covered by minute scales. There are two larger ones on the right arm, on its posterior aspect just above the wrist, of the same kind, and in the scales abundant mycelial threads may be discovered.

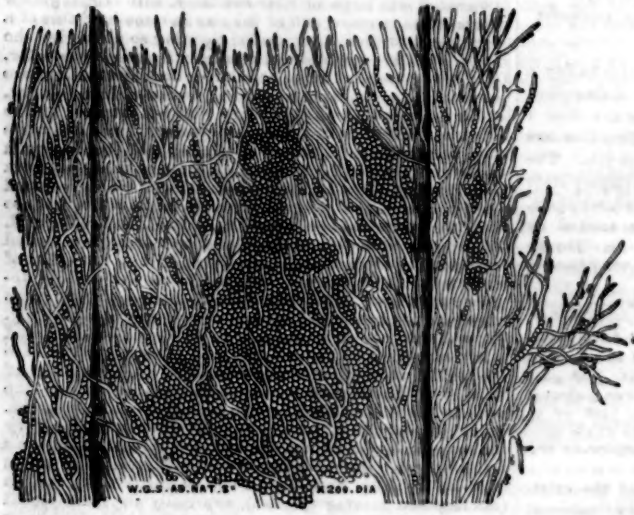
Looking to the case as a whole, I should say it is an exaggerated one. There is more inflammation of the follicles and more extensive involving of the perifollicular tissue than usual. But this may be explained by the specially luxuriant condition of the fungus.

It is stated in text-books that the disease begins by erythematous spots, which become pale and desquamate in the centre, whilst the red edge spreads—in fact, by tinea circinata. In the present case this was not so. It began by an inflamed state of several hair-follicles, presenting very much the aspect of acne indurata. And although the disease may begin by tinea circinata, yet do not forget that it may also begin by the development of large indurated and itchy tubercles seated at the hair-follicles.

The *diagnosis* of the case was not—and is not for you—difficult to determine. Here is a case in which the hair-follicles about the beard are inflamed and swollen: the disease, though involving the subcutaneous cellular tissue, is clearly sycosis. Then comes the question, Is it parasitic or non-parasitic? The character of the inflammation was suggestive of parasitic disease. For although there were much swelling and induration, there were only a few minute

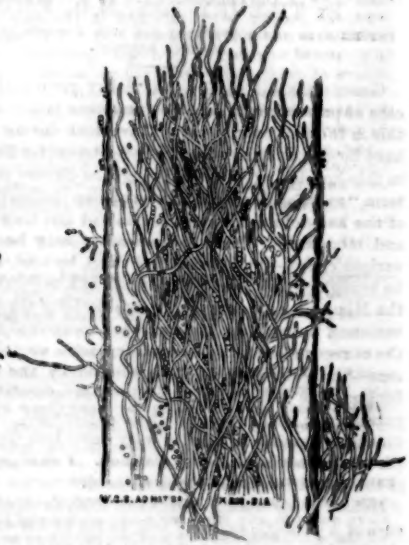
yellow points here and there, and not a free sero-purulent discharge with freeish crusting, which conditions are to be met with in ordinary cases of catarrhal or eczematous inflammation of the beard or simple sycosis. In the parasitic variety the inflammation is not catarrhal, but without free discharge or free crusting. Then the hairs were loosened in the follicles, came away most readily and easily, and were loaded with the fungus. In non-parasitic

FIG. 1.



Showing the hair loaded with the fungus, and also surrounded by the mycelial threads and conidia as a dense sheath.

FIG. 2.



A portion of one of the hairs loaded with mycelial threads of the fungus.

sycosis the hairs are not loosened, and their extraction gives great pain, and they come away with their roots entire and sheaths attached, and bathed in pus, whilst the follicles often bleed. Then the disease was not symmetrical but indicative of a local cause; and, lastly, tinea circinata of the forearms existed coincidently, and suggested at once in itself the probable parasitic nature of the disease, which question the microscope at once set at rest.

Remember, then, that nothing but the attack of a parasite will loosen the hairs in the follicle wholesale from the papillæ and the root sheaths, and alter their textural features so that they become brittle, dry, thickened, and lustreless. This is the diagnostic mark of parasitic sycosis.

No doubt if violent inflammation of the follicle occur certain hairs will be loosened, and come away readily if the suppuration has found its way between the follicular wall and the hair and its sheaths; but then these loosened hairs will be the exception, and there is an entire absence of parasitic growth. In the present case a large number of hairs come away of themselves upon the rag used to cover the chin. Such a thing as this you never notice in non-parasitic sycosis.

Treatment.—Severe as this case is, I believe it will have a shorter existence than one of less severity, for the simple reason that the hairs can be got away with the greatest readiness, inasmuch as the fungus is producing a rapid alopecia in consequence of its abundance and luxuriance; and it will be possible to apply parasiticides with great effect to the emptied follicles. When the man came to me first, his chin had been much irritated. I have applied a simple lead ointment, and the local heat and swelling have much diminished. The man is much out of sorts. I am giving him bark and ammonia with a free hand: this is improving his general condition. The local treatment I propose to adopt is to epilate completely, then to apply for a week or ten days a sulphurous acid lotion, and finally to rub in some form of mild parasiticide. I shall prefer an ointment made of ammoniated mercury, five grains; nitric oxide of mercury, five grains; carbolic acid, ten grains; and lard, one ounce. I doubt not that you will see a great change in the man very shortly.

My object has been to prove to you the existence of a parasitic sycosis, to give you its diagnostic characters in contrast with those of non-parasitic sycosis, rather than to enter at length into the treatment of the disease.

Note.—Under the treatment above referred to the man got rapidly well.

Lectures
ON
THE SURGICAL TREATMENT OF ANEURISM
IN ITS VARIOUS FORMS.

Delivered at the Royal College of Surgeons, June 1873.

BY TIMOTHY HOLMES, M.A., F.R.C.S. ENG.,
PROFESSOR OF SURGERY AND PATHOLOGY TO THE COLLEGE.

LECTURE III. (*concluded.*)
ORBITAL ANEURISM.

THE most various opinions have been expressed with regard to the real nature of these aneurisms. I should perhaps rather say, of these pulsating tumours; since some of them have not proved to be aneurismal. It is well known that Mr. Travers,* who was the first to treat the disease successfully, described it without hesitation as "aneurism by anostomosis," and that in this opinion he was followed by all succeeding writers until our late president, Mr. Busk,† in recording the history of a case of his own, and another by Mr. Scott, both traumatic, took occasion to point out the numerous points of difference which exist between intra-orbital aneurisms and the undoubted instances of aneurism by anastomosis.‡ Mr. Busk accord-

* Med. Chir. Transactions, vol. ii., p. 1.
† Ibid., vol. xxii., p. 124.
‡ This beautiful preparation and drawing, lent me by the great kindness of the Irish College of Surgeons, illustrate better than any other I have seen the structure of an aneurism by anastomosis, and will suggest the numerous respects in which such congenital, slowly-growing tumours differ from the suddenly-forming so-called orbital aneurisms. In this case the tumour was removed entire from the leg of a girl, aged nine, by Professor Harrison.

ingly regarded these tumours as being in all probability true aneurism seated on the ophthalmic artery, in which view he is followed by Mr. Curling,* and to a certain extent by Mr. Nunneley,† whose experience in this disease was greater than has fallen to the lot of any other surgeon. Yet the explanation which would class all these cases as aneurisms of the ophthalmic, or of any other artery in the orbit, can hardly be maintained in the face of the well-known case under Mr. Bowman's care,‡ in which the common carotid was tied for a disease presenting all the characters of orbital aneurism, but in which, after death, no disease whatever was found in the arterial system, although the cavernous sinus was filled with coagula, extending into the neighbouring sinus and the ophthalmic vein.

And, accordingly, Mr. Nunneley's ample experience soon convinced him that the cause of the symptoms must in some cases have been situated behind the orbit; and in his second paper§ he states his opinion, that "in several of these cases there has not existed any aneurism at all; and in the great majority, where there has been aneurism, it has been within the cranium, and not in the orbit"; and he explained the protrusion of the eye and the pulsation by referring them to pressure exercised on the veins of the orbit by an intracranial aneurism, the pulsation of which was transmitted to the fluid in the enlarged veins, and so to the eyeball. Mr. Nunneley refers to two cases in which he had the opportunity of examining the parts after death, and in one found that the disease affected the internal carotid, just as it makes its last bend; while in the other there was a circumscribed aneurism of the ophthalmic artery, just at its origin at the side of the sella turcica. In both these cases Mr. Nunneley regarded the disease of the artery as true aneurism, although in the first the description is somewhat vague; and it is added that the enlarged part of the carotid artery was not only filled with but *surrounded by* coagulum; and the ophthalmic artery and its branches were enlarged, and also filled with coagulum. Curiously enough, though Mr. Nunneley lays such stress upon the condition of the veins in explaining the pathology of the disease, he gives no distinct account of the state of the cavernous sinus or of the venous system in connexion with it in either of the fatal cases.

Mr. Erichsen‖ goes further, and suggests that in some cases there may be no vascular disease at all, but that "some derangement of the vaso-motor influence of the sympathetic may really occasion the symptoms of increased vascular activity that are so characteristic of this singular disease," and he refers to a case under his own care (traumatic), in which, the ligature of the carotid having been refused by the patient, after fourteen months the symptoms had "to a very great extent disappeared" by careful dieting and abstinence from excitement; as well as to one reported by Collard¶ of a similar nature, in which the disease was perfectly cured in three years and a half by similar measures. The last-named author has even gone so far as to specify the ciliary ganglion as in his opinion the cause of the symptoms, believing that it is injured by contrecoup, and that thus the action of the vaso-motor nerves of the orbit is perverted—a refinement of conjectural pathology which I find it difficult to follow.

Mr. France's case** bears considerable resemblance to some of those recorded as examples of orbital aneurism. It resembles Nélaton's first case in the method of its causation, and to a great extent in its symptoms—as far, that is, as the symptoms are recorded, for we must regret that there is no note of the auscultation of the tumour. And it resembles Collard's and Mr. Erichsen's cases in its result—the spontaneous subsidence of the disease.

The patient was a woman admitted into Guy's Hospital, October 4th, 1853, with this history:—Seven weeks before admission she had received a thrust with an umbrella from a drunken soldier in the left orbit. This had produced much ecchymosis, and in a fortnight the globe of the eye was protruded. These symptoms had subsided, when they recurred about a month after the accident, apparently from the excitement of prosecuting her assailant. When admitted into Guy's Hospital the globe was prominent and immovably fixed, vision was impaired, abnormal pulsation was perceptible on the nasal and temporal sides of the eye, the veins in the neighbourhood of the orbit were distended, and the whole side of the face was swollen. As, but for the pulsation, the case rather resembled suppuration in the orbit, exploratory punctures were made, and antiphlogistic treatment was pursued, but with no result. In eight days vision was entirely lost, and was never regained. But the protrusion of the globe gradually diminished (though no fluid escaped from the exploratory punctures), and as it diminished a definite, rounded, pulsating tumour appeared at the inner canthus. By this time—a month after admission—it was found possible to bring the lower lid forcibly over the chemosed conjunctiva and the eyeball, and it was retained in its natural position by strips of plaster. In this condition the patient was discharged in December, the quasi-aneurismal swelling not having appreciably diminished in size or distinctness of pulsation. Nothing further seems to have been done. For some time, though the chemosis of the conjunctiva had subsided, the rounded pulsating tumour remained, and the veins of the temple and forehead were engorged. But in about half a year (June 23rd, 1854), the tumour and pulsation had disappeared and the movements of the globe had become natural, but the sight was quite destroyed. She was seen early in 1855 free from any return of the disease.

Let me quote part of Mr. France's commentary on this history: "The case was obscure throughout, and remains so. If not truly aneurismal, it presented the nearest conceivable approach to that character; but, notwithstanding the uncertainty of its precise nature, one practical lesson of value may at least be enforced by it—namely, that of caution in resorting to operative interference under similar circumstances. Had this woman's carotid been ligatured, she might, as now, have recovered, and the operation have borne the honour of the cure; but she might, on the other hand, have sunk, yielding to officious surgery a victim, and bequeathing the responsible attendant a retrospect of pain."

More recently four undoubted cases of arterio-venous aneurism in the cavernous sinus have been put on record by Dr. Delens.* Two of these occurred in the practice of M. Nélaton, and were marked by all the usual symptoms of orbital aneurism. The second of M. Nélaton's cases had not been published before the appearance of Dr. Delens's work; and the first, though referred to by Velpeau, had not been published entire, except in one of the Thèses, and was only known in England through a very short notice of it which appeared in an American journal. M. Nélaton's cases are most important as bearing both on the pathology and treatment of this affection, and they show so convincingly the nature and causes of the lesion that, as they are little known in this country, I think an abbreviated account of them must be given.

The first† was that of a young man, aged twenty-one, who on Jan. 2nd, 1855, received a poke from the ferrule of an umbrella in the left lower eyelid, followed by abundant bleeding from the nose and ptosis of the right upper eyelid. He was seen by two eminent oculists (Messrs. Sichel and Desmarres), but no pulsation and, as it seems, no exophthalmus was noticed till M. Nélaton saw him two months after the accident. There was then protrusion of the eyeball, external squint, with immobility of the globe, dilated immovable pupil, diplopia, presbyopia in that eye (which before the accident was myopic), dilated conjunctival veins, pulsation of the eyeball, and a blowing murmur, which was almost continuous, but exaggerated during the arterial pulse. By pressure the eyeball could be made to resume its natural place, and then the patient became sensible of a bellows murmur coinciding with the pulse. Blood still came when the patient blew his nose, and he sometimes suffered from epistaxis. Pressure on the carotid reduced the exophthalmus, and stopped the bruit altogether. M. Nélaton diagnosed a wound of the internal carotid in the right cavernous sinus, and he succeeded in producing this lesion on the dead subject by driving in a spike of wood obliquely

* Med.-Chir. Trans., vol. xxxvii., p. 221.
† Ibid., vols. xlii. and xlviii.
‡ Streatfeild's Ophthalmic Reports, April, 1869.
§ Med.-Chir. Trans., vol. xlviii., 17.
‖ Science and Art of Surgery, vol. ii., p. 68. Sixth edition.
¶ Gaz. Méd., 1866, p. 321.
** Guy's Hospital Reports, Series iii., vol. i. 1855, p. 58.

* De la Communication de la Carotide interne et du Sinus Caverneux. Paris, 1870.
† This case was published in a Thèse by M. Henry, 1856, and is quoted by me in System of Surgery, second edition, iii., 583, being known to me only by a reference in the Amer. Jour. Med. Science, July, 1864, p. 46.

through an incision made in the left lower eyelid.* The treatment adopted consisted in mechanical compression of the carotid artery on the left side; but the epistaxis soon became more abundant and more frequent, though the compression did not cause any apparent congestion of the face, and he died of the bleeding a little more than three months after the accident.

This diagram, taken from Dr. Delens's book, shows an arterio-venous communication in the right cavernous sinus, between that venous channel and the internal carotid artery, the result of a puncture with the ferrule of an umbrella, which had been thrust through the left lower eyelid, across the bones of the nose, through the right sphenoidal sinus into the cavernous sinus. The diagram shows the opening in the bony wall of the sphenoidal sinus, the internal carotid torn almost across in the cavernous sinus, its two ends hanging together only by a little strip of the arterial tissue, the dilatation of the cavernous sinus, and to a much greater extent of the ophthalmic vein, which pushes the eyeball forwards. During life the arterial pulsation was communicated to the eyeball by means of this venous tumour. A fragment of the bony wall of the cavernous sinus is seen to have adhered to its membranous wall where it has been dissected back. In this instance the third nerve was destroyed by the blow. The patient bled to death through the orifice of communication between the cavernous and sphenoidal sinus.

M. Nélaton's second case† was that of a girl seventeen years of age, who was admitted into the Hôpital des Cliniques Feb. 25th, 1865, for the consequences of a fall out of a carriage the previous July. The accident had been followed by bleeding from the mouth, nose, and both ears, violent pain on the left side of the head, facial paralysis on the same side, considerable swelling of the scalp, and abscess in the ear. About the same time the left eye began to squint, and swelling of the conjunctiva, protrusion of the eye, aneurismal pulsation in the upper lid, and a bellows murmur came on, but at what precise period could not be discovered. On her admission the chemosis was so great as to cover the lower eyelid. The bruit was continuous, but with intermittent reinforcements. The eye when uncovered (which was difficult from the great chemosis) was movable, and vision perfect. A small rounded movable tumour, yielding immediately to the presence of the finger, was felt at the upper and inner part of the orbit. It had a movement of expansion of its own, coincident with the arterial pulse and the projection of the eyeball, but no thrill could be felt in it. Besides the continuous murmur and intermittent whizz there was heard at irregular intervals a piping or whining sound ("bruit de pinalement"). The murmur was lessened by strong inspiratory efforts. The noise and the pulsation were perceptible to the patient, but did not give her much inconvenience. Compression of the carotid stopped both, and diminished the size of the tumour above the eye, but did not sensibly diminish the exophthalmus. M. Nélaton diagnosed the existence of an arterio-venous communication in the cavernous sinus. Digital compression of the carotid was tried, but the patient could not bear it, and the carotid was tied. The treatment by injection of perchloride of iron was discussed, but the idea was rejected, apparently because the very reducible quality of the tumour rendered it difficult to lodge the point of the syringe fairly in it. The patient died from symptoms somewhat resembling those of pyæmia, though the post-mortem appearances were dubious. All that need be said of the symptoms after the ligature is that the bruit persisted as long as auscultation is recorded—that is, for six days after the operation, as well as some pulsation in the tumour. Nothing in the description of the post-mortem examination tends to show that the operation had had any curative effect on the disease during the period she survived, which, however, was only eleven days.

This diagram, copied from Dr. Delens's pamphlet, shows a fracture running through the posterior and middle fossæ of the base of the skull. The body of the sphenoid bone is seen traversed by the line of fracture, as is the petrous portion of the temporal on either side. On the left side a portion of the apex of the petrous bone is seen partly detached from the rest of the bone, and terminating in a very sharp point. It is this, doubtless, which has penetrated the internal carotid artery through the walls of the cavernous sinus. The upper wall of the artery has been cut open, and shows below and externally a little hole through which the artery communicates with the venous channel of the cavernous sinus. The latter is extremely dilated and tortuous; and this dilatation (which the bony walls of the sinus have of course limited) is still more marked in the ophthalmic vein, which is represented as making a large turn over the inner angle of the eye, where during life a spherical pulsating tumour, about as large as a nut, was noticed. A portion of the superior petrosal sinus has been left to show that the distension extended to that vessel. At the inner side of the internal carotid the circular sinus is seen laid open. It appears larger than natural in the drawing, but is not expressly described. The fracture was in great part consolidated, the injury having preceded death eight months. The carotid artery was perfectly healthy, except at the point of perforation, where its orifice appears to have been quite open and unobstructed. As the veins had been injected before the examination, the condition of their interior could not be ascertained.

A third case (Hirschfeld's*), also of interest, is reported by Dr Delens, in which an old woman (aged 72) had had a fall from a carriage, causing a large wound at the root of the nose. The wound healed, but at the end of a month she suddenly lost the power of raising the left upper eyelid or moving the eyeball, and had complete anæsthesia of the eyelid, ala of the nose, and forehead. At the same time there were no cerebral symptoms of any sort, nor was vision interfered with. The eye was rather prominent. She was admitted into hospital two months after the accident. The diagnosis that was formed was that the nerves of the orbit, except the optic, were compressed either by a tumour or an extravasation of blood (and more probably the latter) before their entrance into the orbit. It was thought that, had the compressing cause been situated in the orbit vision must have been more interfered with. Nothing is said as to auscultation, which therefore was probably omitted. Death occurred from erysipelas, a few days after her entry into the hospital. The dura mater covering the left cavernous sinus was found somewhat raised by a small collection of blood-clot, about the size of an almond, enveloping the third and compressing the ophthalmic division of the fifth nerve; and, on turning this away, a little circular opening was found in the carotid artery, as if it had been punched out, occupied by a string of decolorised clot about two inches long passing from the interior of the artery into the mass of coagulum. The bones seem to have been quite sound.

This case is of interest as showing that an arterio-venous communication may be produced without direct penetration of the artery by a wound or fracture; and it also shows the gradual development of the symptoms in some cases, especially where the orifice is small. The probability is that in this case the crack in the walls of the artery produced by the injury was not at the time complete, but that it gave way from some accidental cause at the date of the appearance of the ptosis. Had she lived longer, most likely the symptoms would have become further developed, the veins would have begun to enlarge, and exophthalmus, aneurismal pulsation, and bruit would have made their appearance.

Dr. Delens's fourth case consists of the following extract from the "Compte Rendu" of the Transactions of the Société Anatomique for 1835, in the words of Mons. Chas. Bell, the secretary. After referring to a specimen of aneurism of the basilar artery, he says:—"Another specimen of aneurism has been presented by M. Baron. The tumour was situated on the carotid as it passes through the cavernous sinus. It appears to have been ruptured at that part, and a decolorised coagulum, the size of an almond, occupied the cavernous sinus. Is it not to this cause that we must ascribe the varicose dilatation of the orbital veins, which had produced considerable exophthalmus? A further support to this opinion is found in the very intense bellows murmur which the stethoscope detected when applied over the projecting eyeball."

* This preparation is still preserved in the Musée Dupuytren. I once assisted Mr. Prescott Hewett in a similar experiment, and with an equally successful result; and I produce a preparation in which a pair of scissors is thrust from the lower eyelid on one side into the cavernous sinus on the other, puncturing the internal carotid artery. The third nerve has just escaped.

† Delens, op. cit., p. 77

* Comptes Rendus de la Société de Biologie, 1853, tome v., 2nde série, page 138.

ON CARLSBAD AND ITS MINERAL SPRINGS IN RELATION TO AFFECTIONS OF THE LIVER.

BY STEPHEN H. WARD, M.D., F.R.C.P.,
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(*Concluded from page 77.*)

ANYONE who desires to study the physiognomy or, as I would rather express it, the external aspect of diseases and constitutional affections in their more chronic form should visit the different continental watering-places during the height of the season. Dr. James Johnson glances at the characteristic aspects of disease which distinguish different health-resorts, as Spa, Schwalbach, Wisbaden, Wildbad, Kissingen, &c.; but he considers that Carlsbad presents a greater medley than any of them. However, one will not have been long at the last-named spa without discovering the prevalence of the sallow or more or less jaundiced complexion, pointing to liver affections as those for which it is largely resorted to.

The limits of my paper will not allow me to do more than bestow a short notice on the different hepatic disorders which are likely to be benefited by the Carlsbad "cure." They are—

1. *Hyperæmia*, indicated by a sense of fulness and uneasiness in the right hypochondriac and epigastric regions, by more or less dyspepsia, by sallowness or even a jaundiced tint of complexion, and generally, at first, by an undue secretion of bile, which may show itself in bilious vomiting and diarrhœa. The first stage will, in most cases, have been treated at home, and the hyperæmia will have merged into more or less chronic congestion, with enlargement of liver, perverted or deficient secretion, &c., before the patient from England gets to Carlsbad. Immoderate eating and drinking, and especially habitual indulgence in rich articles of food, and the lethargy and disinclination for exertion induced by the habits of the gourmand, are the usual exciting causes of hyperæmia of the liver, and engorgement of the vessels of other abdominal viscera. Direct irritation and congestion of the liver occur also as the result of undue and frequent use of alcoholic liquors, especially upon the empty stomach, such congestion causing more or less enlargement of the viscus, and being often but the first stage of cirrhosis.

2. *Fatty liver* (infiltration, not degeneration) is usually but a symptom of a general deposition of fat in and about the tissues and organs of the body; and when it is the result of the excessive indulgence alluded to under the previous head, coupled with deficient exercise, will probably be much relieved by the Carlsbad "cure." It is only in an advanced stage of this affection that we have any marked symptoms, as enlargement of the liver, uneasiness and dragging sensation on lying on the left side, irregular and indolent functional action, annoying flatulence, a sallow and often a greasy state of skin. There is something in the rapid decrease of fat under these mineral waters which is more than can be explained by the rigid adoption of altered hygienic arrangements, and may be fairly attributed in some measure to the action of the waters themselves. Should the state of the pulse &c. indicate fatty accumulations about the heart, or should irregularity in the circulation, tendency to syncope or vertigo, point to the possibility of degeneration of tissue, the "cure" will be contra-indicated, or have to be adopted with much caution.

3. *Jaundice*, where it is a symptom of the preceding affections, or associated with chronic catarrh of the gall-ducts, or with habitual obstruction of the bowels and accumulations in the large intestines, will be relieved by the "cure." As Niemeyer, however, remarks, "if jaundiced patients with an incurable obstruction of the bile-ducts go to Carlsbad, their jaundice is not improved by the use of the waters; but they die sooner than they otherwise would, because the symptoms of congestion are increased, and the destruction of the liver-cells is hastened by augmented secretion."

4. *Gall-stones and biliary concretions.*—For these the Carlsbad "waters" are considered almost a specific. They remove those already formed, have, indeed, the credit, which must be taken *cum grano salis*, of a solvent action, and act as a preventive of re-formation. Gall-stones would appear, according to the experience of Carlsbad physicians, to be far more common than they have been considered to be. Out of 372 patients who came under the care of Dr. Hlawacek in one year, 64 had gall-stones, and out of 581 patients in another year, 91. The fact is that gall-stones are sought after at Carlsbad very carefully, by washing the evacuations over a fine sieve, and many small biliary concretions are thus found which have painlessly passed the ducts into the duodenum, and which would have escaped the notice of ordinary medical observers.

Chronic derangement of the functions of the liver, usually torpor, with or without enlargement of the organ, the result of climatic influences in India or of exposure to malaria, especially when associated with much cachexia and anæmia, is not likely to be benefited much by Carlsbad and its waters. Here the more tonic waters of other spas will be indicated, or the occasional use of saline aperients, iron and quinine, and the nitro-muriatic acid treatment.

Individuals suffering from congestion of liver secondary to advanced lung or heart mischief, or from cancerous affection or amyloid or fatty degeneration of the liver, or from cirrhosis in its advanced stage, had better remain at home under the treatment of their own medical advisers.

The Carlsbad cure is a powerful remedy, and in properly selected cases is doubtless very valuable. Many individuals, however, get worse under it, and are consoled by the statement that they will feel the benefit when they return home; and this may prove true in many instances. But to some the benefit does not come, and the inevitable termination of serious organic mischief has been precipitated, or an unfavourable result has been determined, in affections which, under different treatment, might have done well. I am not saying this to discourage or deter individuals who propose seeking renewal of health at Carlsbad or elsewhere, but simply to show how important it is that an invalid's case and constitutional power should be well considered before he starts for a goal some 700 or 800 miles distant, where, after all, the desired end may not be attained.

What is called the "nachcur," the after-cure, is not less essential than the "vorcur." The local physicians recommend that the patient, after he has returned home, or gone elsewhere from Carlsbad, should take the bottled mineral water in moderate quantity, and persevere also in following the hygienic rules which were enforced during the "cure"; but the "nachcur," in its larger sense, should extend over the remainder of an individual's life, and should consist in strict avoidance of the habits which led to impaired health.

The Carlsbad season lasts from May to the end of September, and the period of cure for each invalid ranges from two or three to eight or nine weeks. Those who are wanting in vigour, or not tolerant of heat, will do well to select May and June or September for their sojourn at Carlsbad. If means and time permit absence during three or four months, it will be a good plan to get the "cure" over in the spring and early summer, and afterwards to get braced in some mountain district. For some cases the warmer months, July and August, will be suitable.

In conclusion, I would remark that a large number of invalids go to Carlsbad and other watering places who may derive but little benefit from the morning draughts from the springs, but who yet, in strict attention to health-laws, as regards diet, exercise, rest, and recreation, in fresh scenes and associations, in the escape from the anxieties and duties of every-day life, may succeed in finding the *basilisk*, the search after which forms the subject of an amusing and instructive episode in Voltaire's admirable tale "Zadig."

Finsbury-circus.

SUGGESTIONS FOR A MORE SCIENTIFIC METHOD OF TREATING REDUCIBLE HERNIA.

BY CARSTEN HOLTHOUSE, F.R.C.S.E.,
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(*Concluded from p. 76.*)

IN former papers I have shown how very unsatisfactory was the treatment of reducible hernia, owing to the want of instruments manufactured according to definite rules and of definite strength and form; and I made certain sugges-

tions as to the size and form of pads, and the strength and curve of springs, with the nomenclature which should be adopted to indicate these. But to render the treatment of this affection still more efficient, we ought to be able to combine the advantages of different instruments, to adapt the peculiarities or special features of one to that of another—a German, French, or English spring to a Wood's, Coles's, or any other kind of pad—in short, to make every spring fit every pad. To render this practicable, it is necessary that the spring and pad should not be, as they now are in the majority of trusses, practically in one piece, but in separate pieces, as exemplified in Salmon and Ody's truss, and the spring made fixable to the centre of the pad, instead of to its upper border. It is further necessary that there should be a uniform gauge for screws, as well as for the other parts of a truss; thus, instead of the present uncertain and imperfect contrivance, we should have an instrument of precision, and this branch of instrumentation would be brought up to the level of others.

If the proposals in these papers were carried out, it would be easy for the surgeon either to supply his patient with the instrument best adapted to his case, or to keep a small stock of pads and springs by him as trial trusses, and, having determined the combination best suited to his patient, to give the order accordingly.

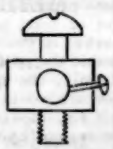
There are two other points to be attended to in the ordering of a truss—viz., the amount of pressure which the pad should make, and the angle at which it should be set on the spring, this being such as to ensure its lower border being parallel with the inguinal fold, and its surface lying flat against the abdominal wall when the patient is standing upright. As regards the first point, I have already shown in a former number of THE LANCET that truss springs are gauged from about No. 15, which is exceedingly strong, up to 20, which is very weak. The strength, then, can be always indicated by simply sending the number of the spring: this, however, does not afford us any exact information of the degree of pressure which it will exert, because this depends, as pointed out in the paper just referred to, not only on the thickness or gauge of the spring, but also on its length and set, and the extent to which it is uncurved. Assuming now that a common circular spring truss is required, it will be necessary to bear in mind that the greater the circumference of the patient's body, or, in other words, the greater the length of the spring, so much will its strength be diminished relatively, and that a 32-inch spring, of 17 gauge, is far stronger than one of 38 inches of the same gauge. So, likewise, if the antero-posterior diameter of the body measure eight inches in one individual, and nine in another, the same spring will exert a greater pressure in the latter than in the former. These facts, though obvious, are strikingly seen in the following table, which shows also the actual pressure made by springs having the English set or curve, and of definite gauge, at 8, 9, and 10

No. of Gauge.	No. of Spring, 32". Pressure at 8"		9"		10"		No. of Spring, 34". Pressure at 8"		9"		10"		No. of Spring, 36". Pressure at 8"		9"		10"		No. of Spring, 38". Pressure at 8"		9"		10"	
	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.
14	—		—		—		—		—		—		—		—		—		4	0	6	5	9	0
15	7	8	11	0	13	8	5	12	8	0	10	8	—		—		—		3	3	4	12	6	8
16	5	4	7	8	9	8½	5	0	7	2	9	8	4	8	6	8	8	10	—		—		—	
17	—		—		—		3	0	4	8	6	0	2	8	3	9	4	12	1	10	2	8	3	8
18	3	4	5	0	6	12	3	0	4	0	5	6	2	4	3	6	4	8	1	4	2	1	3	0
19	1	11	2	10	3	13	1	0	1	10	2	6	1	2	1	11	2	4	0	12	1	4	1	14
20	1	0	1	9	2	3	0	13	1	3	1	10	0	7½	0	12	1	1	—		—		—	

The above measurements, though carefully made, must not be regarded as mathematically correct. The springs furnished me were not all correctly gauged. It must also be understood that the number of the spring is not its actual length, but only that of the truss which goes by that number; the spring itself falling short of the number by about four inches. The gaps in the table arise from duplicates having been sent by mistake for serial numbers of the gauge; and, in the case of No. 38 spring, also from the retrogression of the gauge necessitated by the increased length of the spring, as explained in my second paper. (See THE LANCET, March 22nd, 1873.)

inches respectively, these distances corresponding with the antero-posterior diameter of the body at the external ring, *plus* the thickness of the pad, for which I have allowed one inch.

As regards the pad being set at such an angle to the spring as shall ensure its lower border lying parallel with the inguinal fold and its surface flat against the abdomen when the patient is erect, there exists no mechanism for this purpose in the common truss; as it is made, so it must remain; hence the above angles ought to be carefully measured, and the truss-pad made to correspond. For the purpose of ascertaining these points, as well as for indicating the form of the pelvis, I have had constructed a half-spring skeleton truss, in which all the above points can be ascertained with great exactness and by a very simple mechanism, and as the instrument will be exhibited in the museum of the British Medical Association, I subjoin a short description of it. It consists of a half-circle wire spring of only one curve, and of a back and front pad, which slide along the spring, and can be fixed at any point and at any axial angle by means of a small side screw; thus the length of the spring required for the truss is indicated, and the horizontal, axial, or surface angle of the pad determined. The angle which the long axis of the pad should bear to the spring is ascertained in the same way as the axial angle—viz., by fitting the instrument on the patient, and fixing it at the required angle by means of a terminal screw, as seen in the accompanying figure. Where a shaped spring is desired instead of a simple curved one, all that is necessary is to note the points at which the wire is not in contact with the body, together with the size of the interspaces, then, by placing it on a piece of paper, the shape of the outline can be drawn and the exact curves indicated with the greatest precision. The instrument is manufactured by Messrs. Maw, Son, and Thompson, Aldersgate-street.



George-street, W.

NOTES ON AN EXTENSIVE

SERIES OF CASES OF LEAD-POISONING,

OCCURRING IN HER MAJESTY'S DOCKYARD AT DEVONPORT.

BY SURGEON THOMAS BROWNE, M.D., R.N.

(*Communicated by* THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

AMONGST the painters employed in H.M. dockyard at Devonport, lead-poisoning, though not very common, does occur occasionally under the circumstances noted below in the first series of cases. But the occurrence of twenty-four cases amongst the shipwrights since the 3rd of May of this year, calls for some account of the unusual circumstances under which they occurred.

First Series (Painters).

There are in all sixty-four men constantly employed in the preparation or the laying on of paint. It is not, however, amongst these men that the sudden increase in the number of cases of lead-poisoning has taken place, but in the shipwrights, as will be more fully explained. Amongst the sixty-four painters there is an average of four cases a year of lead-poisoning, the treatment of such cases seldom extending beyond one week. These cases always occurred amongst men who had been for some time engaged in

painting between the double bottoms of the iron-clad ships. It may here be explained that the spaces in the "double bottoms," between the outer and inner skins of these ships, are often very confined, some of them only to be reached by crawling on the belly and dragging the body forward by the hands; and, as there is no room for turning, the workman comes out by a kind of reverse motion. In corner spaces and places at a distance from the man-holes the air is often foul and stagnant. When working in these spaces the men frequently complain of headache and faintness, and at times a feeling of sleepiness comes over them; they then make the best of their way out if still capable of effort. Occasionally they delay too long, and, becoming insensible, their fellows drag them out by a rope slipped over their feet. Men employed in working between the double bottoms are paid at a special higher rate of pay, and are never so engaged for more than three days in any week. If rendered unfit for duty from the effects of their work, they receive half-pay and are attended by the medical officers of the dockyard (men sick under ordinary circumstances receive no pay and are attended by their own medical men). So keenly are these advantages appreciated that there are always more volunteers than enough for the work.

Air-pumps are provided, and directions issued that they shall be used whenever there is a suspicion even of the foulness of the atmosphere. But the men dislike the trouble attending their use, and seldom employ them when it is at all possible to do without them. In his anxiety to finish an irksome and disagreeable piece of work, a man has been known to go on painting where the supply of air was not enough to keep a candle alight. When the candle went out it was passed along from hand to hand to the open air to be relighted, and then returned in the same manner, bringing with it of course a small current of air, sufficient to support combustion for a few minutes, when the process had to be repeated.

The symptoms produced by a few weeks' work under these conditions are such as might be expected — viz., a pasty, lustreless look about the face, a sense of great weakness and depression, together with headache and loss of appetite; the tongue coated, dirty yellow, flabby, and indented; the urine high-coloured, depositing much lithates on cooling; the pulse always without power, slow when recumbent, but easily quickened by trifling exertion. A metallic taste was sometimes complained of, and a blue line observed on the margin of the gums. Epigastric pain was occasionally present, the bowels being usually constipated, though in one more than usually protracted case diarrhœa existed.

A brisk purgative of sulphate of magnesia, when constipation prevailed, usually relieved the abdominal discomfort. A few days' rest, the patient being as much as possible in the open air, and the administration of tonic doses of quinine and dilute sulphuric acid, completed his recovery, the patient seldom remaining under treatment for more than a week.

In the case in which diarrhœa occurred the epigastric pain was more obstinate, but yielded to grain doses of opium. As sleeplessness was present in this case, chloral in half-drachm doses was given at bedtime with much benefit.

In considering these cases, I think the symptoms may be attributed in a great measure to the prolonged and repeated breathing of impure air as much as to lead-poisoning, though the latter element must not be overlooked. This view is borne out by the shortness of the time the men remained under treatment, as well as by the fact that there was no case of lead-poisoning except amongst the men engaged in the double bottoms. When a man began to feel the effects of painting in these confined spaces, he usually asked for and obtained work in the open air for a few days, and quickly recovered. It was only after persevering for some weeks that the graver symptoms were produced, and the man, becoming wholly incapacitated, sought medical advice.

Second Series (Shipwrights).

In the end of December, 1872, a thorough overhaul of H.M.S. *Resistance* was begun by a party of shipwrights (averaging fifty-seven in number), for the purpose of ascertaining whether any of the iron plates or beams of which she is built had become weak, eaten by rust, or otherwise defective. To do this it was necessary to remove every particle of the paint and red lead from the interior, also Day's cement, a bituminous preparation run in whilst liquid on the iron wherever the bilge water is likely to come in contact with it. This work is most laborious, as the paint adheres so firmly that it is only to be removed by striking every portion of the surface with a pointed hammer. The Hay's cement can be broken off in large pieces with a hammer and chisel; but as it does not come clean off, the remaining portions have to be removed in the same minutely laborious manner as in the case of red lead, finally leaving a clean surface of iron free from rust or other impurity.

The men frequently complained of the dust produced by this *scaling*, as it is technically called; but only of the dust arising from Day's cement, attributing all their discomfort to it, the dust finding its way into the stomach and lungs. It was not, however, till the 3rd of May that a decided case of lead-poisoning occurred amongst the shipwrights of this party; and up to this date (June 30th) there have been in all twenty-four cases. These cases presented all the symptoms enumerated above as occurring in the first series, but in a more intense degree, attended with greater depression, and remaining longer under treatment. In every case epigastric pain was present, described as a dull, heavy pain, giving the sensation of the bowels being drawn towards the spine; this abdominal pain was seldom either increased or diminished by firm pressure. Cramps of varying severity in the muscles of the extremities were common, but nothing like paralysis was observed in any of these cases. Loss of appetite was complete, nausea and vomiting frequently present, the latter symptom being most distressing, the stomach in some cases rejecting almost everything. Obstinate constipation was the rule. Great mental and physical depression existed in every case. A blue line on the margin of the gums was always present, even when the epigastric pain was of no great severity. The depth of this blue line varied much, in some cases involving the gum to the extent of one-eighth of an inch, in others being a mere trace, most observable opposite the bicuspid teeth. In those parts of the gums where the teeth were entirely wanting no discoloration was ever detected. The tongue was usually furred, dirty yellow as already described, and the breath often offensive. No sleep was obtained at night, and the whole expression of these patients was one of dull, heavy, unintermitting pain, with a languor so complete as to unfit them for any exertion. As noted in the first series, the urine was usually acid, and contained much lithates during the first few days under observation; the specific gravity ranged from 1015 to 1025; no albumen was ever detected. In two cases the urine was alkaline, and contained phosphates in considerable quantity; becoming, however, faintly acid in a day or two, and remaining so throughout.

On inquiry being made into the circumstances under which this party worked, it was found that though no man was ever engaged in scaling in the double bottoms for more than three days in any week, yet on the other three days the same kind of work was pursued in the more open parts of the ship, so that the men were never free from an atmosphere charged with red lead; and that a quantity of this substance found its way into both lungs and stomach was abundantly evident in the expectoration and matters ejected from the stomach.

The treatment varied slightly, to meet the urgency of the different symptoms—pain, constipation, nausea, or sleeplessness. In all cases the patient was, in the first instance, thoroughly and completely washed with hot water, soap and flannel, and a change of clothes insisted on; a bath being seldom procurable. Fomentation or linseed-meal and mustard poultices to the abdomen always relieved, for the time, the epigastric pain. If great nausea or vomiting were present, an emetic usually put an end to the latter, and at least greatly relieved the former. This was most marked in two of the worst cases, as after the action of the emetic the patients were enabled to retain small quantities of milk, the quantity being gradually increased as the stomach would tolerate it. To overcome the constipation, half an ounce of sulphate of magnesia and half a drachm of tincture of hyoscyamus, with fifteen minims of dilute sulphuric acid, were given every three hours till the bowels acted freely two or three times; often bringing away a large quantity of dark-coloured and very offensive fæces, followed by marked relief to all the symptoms. In a few

cases ten minims of tincture of belladonna were substituted for the tincture of hyoscyamus, but without special benefit. After the bowels had been thoroughly opened, iodide of potassium in five-grain doses, in infusion of quassia, was given three times a day. If any epigastric pain continued, preventing sleep, opium in grain or half-grain doses was ordered at bedtime, as necessary. When any tendency to constipation remained, colocynth-pill and hyoscyamus was given from time to time. Under the influence of the iodide the tongue cleaned, appetite returned, and, in fact, all the symptoms gradually subsided; though a sense of sinking with occasional epigastric pain sometimes persisted for a long time, and strength was only very slowly regained.

Some of the milder cases were treated from the first with half-drachm doses of aromatic sulphuric acid. The improvement under its use was not so steady as under the iodide.

One case was treated in the first instance with scruple doses of alum every three hours. This treatment was abandoned after two drachms had been taken, as the pain had increased in severity and become unbearable, the bowels remaining confined. There had been no motion from the bowels for four days before the alum treatment was begun, and an evacuation was only obtained on the fifth day, after two ounces and a half of Epsom salts had been taken. Morphia had in the meantime been ordered, to relieve the epigastric pain. Great and permanent relief followed the action of the purgative. He was then placed on the iodide, and did well.

The experience gained in this case did not bear out the strong statements which have been made in favour of alum as a remedy for lead-poisoning.

Bromide of potassium was given in one case in ten-grain doses, three times a day, with apparent benefit, the patient having in the first instance been freely purged by sulphate of magnesia. In this case the improvement was as great and as rapid as in the cases under the iodide. It cannot, however, be said that it was more so.

The following experiment was instituted for the purpose of ascertaining the comparative solvent powers possessed by iodide and bromide of potassium for the salts of lead. Eighty grains each of iodide and bromide of potassium were respectively dissolved in two drachms of distilled water, at 84° Fahr. It had been intended to perform the experiment at blood-heat, but at the conclusion of the process the temperature stood as stated. A solution of acetate of lead in distilled water, containing one grain of the salt in every three minims, was added till the precipitate ceased to be redissolved. The point of saturation was reached when fourteen minims of the lead solution had been added to the iodide; while in the case of the bromide fifty-four minims were required before the same point was attained. In other words, eighty grains of iodide of potassium in two drachms of water, at 84° Fahr., held in solution only 4⅓ grains of the acetate of lead; while an equivalent preparation of the bromide of potassium held in solution eighteen grains of the same salt.

On theoretical grounds, therefore, we might conclude that the bromide of potassium would be a better remedy in cases of chronic lead-poisoning than the iodide of potassium, more especially if we take into account the influence over the nervous system possessed by the bromide, as shown by its power of procuring sleep in some cases of disease. This remedy would at least be worthy of a more extended trial, in doses of not less than fifteen grains, three times a day.

The chemical treatment of disease has not always been a happy one, and nothing but an extended and carefully recorded clinical experience will justify emphatic statements in favour of any particular remedy.

It may be observed that in some cases the blue line on the margin of the gums was most persistent, remaining after all the other symptoms had long subsided. When such was the case the treatment was continued for some weeks after the man had returned to duty. The depth of this blue line, or its intensity, bears no fixed proportion to the severity of the epigastric pain; yet it may be taken as a fair index of the degree of poisoning, as shown by the other symptoms; those who presented the deepest blue line being the most debilitated and remaining longest under treatment.

So soon as the first case amongst the shipwrights came under notice, Dr. Saunders, staff-surgeon, recommended that the men should not work at scaling, or be in any way connected with paint, for more than three days in any week, and that on the other three days they should have open-air employment. A number of simple precautions were also issued for the guidance of the men. The necessity of perfect cleanliness was minutely dwelt upon, the working dress directed to be frequently washed, and always removed before eating; a veil recommended to be worn over the nose and mouth whilst at work; and fat and oily substances to be added to the diet as much as possible. An agreeable and inexpensive drink, composed of water acidulated with sulphuric acid and flavoured with orange-peel, was suggested to be always kept in readiness to quench thirst. Under these improved conditions the number of cases shortly subsided, and such as did occur were less severe in character. The men themselves willingly adopted the suggestions, inventing various respirators for themselves, such as picked oakum, pieces of sponge sewn between muslin, as well as veils of different textures, &c. There is a feeling amongst the men in favour of the oakum respirators, and an impression exists amongst the workmen that those with thick beards and moustaches suffer least from the effects of the lead.

In contrasting these cases with those of the first series, it will be seen to how much greater a degree the poisoning had extended in each case, and that, though perhaps the effects of the lead were intensified by working in a close atmosphere, the symptoms were not wholly to be accounted for by the prolonged and repeated breathing of impure air, as they might be in some of the cases of the first series, considering how quickly the symptoms passed off. In the first series the treatment usually lasted under one week, in the second series from three to eight weeks.

ON THE TREATMENT OF IMPASSABLE STRICTURE.*

BY W. F. TEEVAN, B.A., F.R.C.S.,

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I HAVE used the word "impassable" as not only being more correct, but as conveying to our minds a certain definite fact more clearly than the word "impermeable." A patient's contracted urethra may permit the escape of urine, but forbid the entry of any instrument. It is now, I think, universally admitted that, excepting cases from injury, no urethra is ever obliterated, and therefore urine never ceases to flow in varying quantities unless its course be diverted by flowing into a fistulous channel. Now, this is a most important pathological fact, very prominently brought before the profession by the late Mr. Syme, and although he modified his celebrated dictum to the effect that "if urine comes out an instrument can get in," yet there remains the great fact that his enunciation of a truth did much to encourage surgeons to persevere in attempting to pass an instrument.

I will now suppose a case of stricture in which the surgeon in attendance is unable to get in any instrument, and I will take it for granted that we are called in to treat the case under those conditions that usually obtain in this country. What is the usual statement made? The practitioner informs us that he has tried to pass the smallest silver catheter without success. I am not at all surprised, for he has by no means exhausted the surgical armoury, and, fortunately, there are instruments in reserve in comparison to which his smallest catheter is large. It is clear, therefore, that up to this stage want of success might have been entirely owing to the large size of the instrument employed. The first thing I do is to examine the patient's perineum. If it be in a normal condition I take one of the smallest filiform bougies, but if there be much induration I select a whalebone one. Having placed the patient with his back against the wall, I take my seat in front of him and try to pass the bougie through the stricture. What is

* Read before the meeting of the British Medical Association, August 8th, 1872.

the best method to adopt to get it in? I know of no better word than "wriggle" to express the required action. We must wriggle in the bougie. These small bougies sometimes give trouble from their catching in the lacunæ, but we can remedy this inconvenience by withdrawing them for a short distance, and then passing them on again, rotating them as we proceed. Arrived at the face of the stricture, we had first better touch it all over with the instrument to see if we can find the entrance, and if that does not succeed we must then try to screw it in. If a quarter of an hour's trial fail, I then withdraw the bougie and give it that peculiar twist at the end which makes it resemble a skeleton key. I may say that this practice is of old repute in Paris. Should this not prove successful after a ten minutes' trial, I introduce one of Leroy D'Etiolles' "bougies tortillées." I usually select one that resembles a corkscrew. If these means fail I do nothing more for two days. I would here remark that my observations on the treatment of impassable stricture refer to that complaint when uncomplicated with retention. I desire the patient to get his bowels thoroughly well open the morning he comes to me, and before I commence the trial I request the patient to make water; this is very important, for the stream of urine washes away any plug of mucus that may be obstructing the passage, and leaves the bladder in the most favourable condition for avoiding any creation, by instrumentation, of a desire to micturate. If on this occasion I fail, after repeating for one half-hour the methods I have already described, I do nothing more for two days.* At the next visit I modify my plan of action. It often happens that the reason why we cannot get in an instrument is, that we are unable to find the entrance to the stricture—it is so small. Now, if we pass a full-sized bougie down to the stricture and keep it there for a quarter of an hour, pressing it all the time against the stricture, we shall distend the parts, and the result will be that the mouth of the stricture will become opened, and we shall probably succeed in getting in a small filiform bougie. I have rarely found this plan fail. I am indebted to M. Mercier for it, and I would refer to his "Rech. de 1845, p. 86, *Gaz. Méd.*" The introduction, by me I believe, of these small French instruments into practice in this country has rendered passable most of the cases which were formerly impassable.

I would here recall to the minds of those present M. Mercier's exposition of the pathology of stricture. Stricture is atrophy, not hypertrophy, and not only is the urethra contracted, but it is tortuous. Now, it is most important for us to remember this latter fact, for it shows that as a rule metallic instruments are not suitable for the treatment of tight or impassable strictures, and I think it would be well for the patient if every surgeon remembered M. Mercier's celebrated dictum, "La sonde rigide ne cede pas, c'est l'obstacle qui cede devant elle." No doubt some gentleman has already said to himself, "How is it you do not put the patient under chloroform when you find you cannot get in an instrument?" I will tell you why. Some time ago M. Borovitch, of Tamboff, was over here, and we discussed the subject of impassable stricture. He said to me, "Do you ever give chloroform for retention, or impassable stricture?" I said "No." He then said, "Why not?" I said, "For the best of all reasons; I never found it of the slightest use." "Exactly so," he said, "it is absolutely useless to any surgeon who is experienced in passing instruments." If a surgeon cannot pass the instrument without chloroform, he cannot do it with, for the reason that chloroform does not lessen the bulk of the tissues composing the stricture and its surroundings. M. Borovitch informed me that if he found a stricture impassable, he put half a dozen leeches on the perineum, and allowed them to bleed freely. He rarely found this plan fail; but if it did, he put the patient into a hot bath, and bled him till he was faint. This treatment succeeds by enlarging the constricted urethra, for you lessen the quantity of blood in the canal, and you also take off the pressure from the outside. From personal experience of leeching, I can say that I have seldom seen it fail.

I will now suppose that we have exhausted every means to pass an instrument, and have failed. The patient becomes more and more troubled, and an operation is indicated to save or prolong life. What is the best kind of operation to select? There are three operations open to us. First, we have the puncture of the bladder through the rectum, which is the favourite procedure in this country. Next, we have Syme's operation for impermeable urethra. And, lastly, we have the old French operation called "la boutonnière," which, I believe, is but little known in this country, except Leeds. I will now state my objections to the first two. Those surgeons who resort to tapping the bladder through the rectum do so on the ground that if they divert all the urine from the natural channel, and allow it to flow in another, they thereby give the urethra a rest, the irritation and inflammation will subside, and in about a month or six weeks they will be enabled, by the rest they have afforded the urethra, to pass an instrument, and cure the patient by gradual dilatation. Now, there are no less than four grave objections to this operation. In the first place, the operation can only be employed in those cases where there is no enlargement of the prostate; secondly, the surgeon may fail to pass an instrument through the stricture even after the six weeks' rest, the patient being obliged all the time to wear a tube up his rectum; thirdly, it is stated that this operation is often the cause of a serious, because intractable, ulceration of the rectum;* and, lastly, this operation may leave a fistula not curable except by operative procedures. Syme's operation for impermeable urethra is open to the gravest of all objections—it involves a laceration of the urethra, and I should decline to perform it. If the teachings of surgery and pathology are worth anything, they tell us that the very worst form of contraction follows a laceration of the urethra; and it matters not whether the laceration be the result of accident or caused by the surgeon, the result is similar, it differs only in degree. Again, Syme's operation necessitates the use of a fistula, and if there be none such the operation is not applicable.

Now for a few words regarding that grand old French operation, "la boutonnière," compared with which lithotomy is but child's play. It is but little known in England, and, so far as I know, it is in Leeds only that it is appreciated. The great advantage it possesses is that it attacks the disease at its seat and cures it, so far as any stricture can be cured. It is a rational operation, and is specially indicated. It is not a dangerous operation, and is not so difficult of execution as is supposed, for the portion of the urethra behind the stricture is always greatly distended, so that a dissection through the perineum for a depth of one inch and a half will nearly always be sufficient. Formerly I used metal instruments with which to perform this operation; now, however, I have simplified matters, and employ only a knife and a large olivary elastic catheter. My first object is to get into the bladder from the perineum. Having made my incision down the penile urethra, I pass the catheter into the wound, and with great gentleness endeavour to insinuate it into the membranous urethra. I have never failed to effect my object. Afterwards I pass the same catheter as far as it will go, and then by cutting on its point I liberate it and pass it into the wound, from whence I conduct it along the tip of my left forefinger into the bladder. I now never leave a catheter in the bladder, but content myself with passing it every other day at first, and twice a week after the first month. At the expiration of two months it will suffice to introduce the catheter once a week, and at a later period still less frequently. For some time after the operation all the urine comes by the wound, but it usually heals up without any trouble. The great advantages which this operation possesses over all others is that it attacks the disease at its seat and does not injure any healthy part; it gives a free vent for all abscesses, and, by restoring the urethral canal, it finally cures both stricture and fistula. In the whole range of surgery there exists not an operation which can render such signal services to the sufferer.

* The injecting the urethra with oil I have seldom found useful. For an account of this method, introduced by Soemmering, see p. 157 of Perrève's "Traité des Rétrécissements, &c.," for 1847.

* From inquiry I find this objection is doubtful.

NEW SYDENHAM SOCIETY.—The annual meeting of the New Sydenham Society will be held in King's College on Friday, August 8th, at 9 A.M., when the report and balance-sheet for 1872 will be read, the office-bearers for 1873-74 elected, and other business transacted.

ON THE ACTION OF CHLORAL HYDRATE.

BY WM. KIRKPATRICK MURPHY, M.D.

IN compliance with a desire expressed in THE LANCET for information regarding the insidious action of hydrate of chloral when taken for some time, I venture to submit the following facts, illustrated by three cases out of many that have come under my personal observation.

That the request referred to is well-timed and worthy the immediate and serious consideration of the profession is signalised by the fact that, whether advisedly or not, this drug has acquired an unprecedented reputation with the public at large as a safe, speedy, and unfailing hypnotic; and still more by the alarming extent to which its indiscriminate and unauthorised use has attained amongst the lay community.

Now, on the general question, it may be premised that, whatever be its value as a temporary hypnotic, and as a means likewise of relieving the severity of certain symptoms in not a few acute diseases, the experience of medical men seems daily tending to prove that its application to chronic affections, in all cases questionable, is in very many, not merely not curative, but positively injurious. But, be this as it may, I think none will be disposed to doubt that its unauthorised use by all and sundry is not only a dangerous precedent in itself, but must be fraught with most pernicious results.

As to the particular question of fact, that hydrate of chloral, as a hypnotic, is *quick* in its action, where it acts at all, there can be no doubt, sleep following its ingestion, if not immediately, in from three to five or ten minutes usually. That it is *unfailing* the experience of all disproves, many individuals remaining unaffected even by large doses; others becoming restless, excited, or delirious under comparatively small doses; whilst even in persons usually subject to its influence it is not always successful in inducing sleep, though the dose be largely increased or frequently repeated. (This peculiarity has led to very serious consequences.) That it is *safe* is a still greater delusion, instances of well-marked delirium having followed the administration of from ten to fifteen grains, and death resulting in one case recorded from a single dose of no more than forty grains. The occasional effects, too, of its protracted use in chronic complaints are sufficiently alarming, ranging, as we shall see, from partial paralysis of the œsophagus (Cases 1 and 2) to complete loss of power in the lower limbs (Case 3) amongst physical disabilities, and from partial loss of memory and general intelligence (Case 2) to complete imbecility or semi-idiocy (Case 1) amongst mental; whilst its moral effects are disastrous in the extreme, the conscience and the will not unfrequently falling into more or less complete abeyance, and—notably in individuals the subjects of confirmed chloralism—selfishness, duplicity, and cunning, often of the most transparent and childish description, becoming the habit and law of their lives.

Yet so widespread and, in many cases, so excessive and protracted has the consumption of chloral become, that *chloralism* may now be fairly regarded as a complaint *per se*, demanding special description and treatment, and justifying its classification with such similar affections as chronic alcoholism, opium-eating, &c. That there is no exaggeration nor embellishment in this statement will be acknowledged when I state that my experience in connexion with this drug, though that of a single practitioner, has had to do almost exclusively with the treatment of patients suffering from the effects of chloralisation, or the too prolonged use of chloral. The three cases appended are all of this nature, and relate severally to periods of six, eighteen, and twenty-four months, during which the patients were in the constant and daily habit of taking chloral to relieve insomnia. These cases present many points of collateral interest, but are necessarily condensed.

CASE 1.—A lady, aged fifty-eight, of spare but muscular frame, and of more than ordinary intelligence and strength of will, had been suffering for upwards of two years from a painful affection of the bladder, resembling neuralgia or spasm of the bladder. During that period she had been variously treated with varying success, the intense pain, however, ultimately accompanied with confirmed sleeplessness, persistently recurring. Morphia had been largely administered in pill and in solution, never by hypodermic injection—a method which I subsequently found of signal benefit in this case. Insomnia continuing, about six months before she came under my notice chloral was first employed as a hypnotic, commencing with 20 grs. a night, and ending with 150 grs. in the twenty-four hours. Always noted for a remarkably "strong head" in the matter of wine, spirits, &c., she had displayed at first an extraordinary tolerance of opiates. The chloral, however, supervening upon a system already greatly weakened by a prolonged course of morphia, speedily reduced her to the lamentable condition she presented on my first visit. Literally she resembled a living skeleton, appeared in a maudlin, semi-narcotised condition, and was only temporarily roused to consciousness by loud and repeated questionings. When roused, her answers were incoherent, her manner wild and uncertain, evincing altogether a state of mind closely bordering upon idiocy. Her pupils were dilated; her pulse slow, feeble, and intermittent; her face flushed and anxious. Such, I was told, had been her condition for many weeks, her lucid intervals, such as they were, being devoted to a persistent, childish whining for more chloral, or to cunning attempts to deceive her attendants and obtain an extra dose surreptitiously. From having been a cheerful, upright, exceptionally intelligent, and strong-willed woman, she had become morose, deceitful, and imbecile alike in intellect, memory, and will.

Points of exceptional interest:

1. Marked decubitus, with not merely indisposition, but at times manifest incapacity, for exertion.

2. Dark erythematous flush over head and neck, with extraordinary twitching of facial muscles.

3. Partial paralysis of the œsophagus—not spasmodic stricture; the muscles contracting, indeed, but sluggishly and incompletely, under the stimuli of food and drink. This symptom was well marked also in Case 2, and in both recurred at intervals for many months even after convalescence was established.

4. Dimness of sight; eyes bloodshot and constantly "watering"; once, after total cessation of chloral, temporary loss of vision, lasting with intervals for two days.

5. Change in hair, not in colour so much as in texture; the patient asserting on recovery that it had acquired a "dry, fluffy feel"—had become "woolly."

CASE 2.—A lady, aged forty-five, of slight but compact frame and of singularly keen and cultivated intellect, had suffered for some time from sleeplessness, the result partly of mental worry, partly of dyspepsia. For upwards of two years she had taken chloral, at first in a single dose at night only, afterwards occasionally by day also, though the quantity in her case, I believe, never exceeded from sixty to seventy grains in the twenty-four hours. Upon such daily allowance, however, she had become helplessly dependent; and though the symptoms manifested in her case, whether physical, mental, or moral, were of a less serious character than those noted in Case 1, they presented many peculiar features of a dangerous type, and equally characteristic of the deleterious effects of chloral. Generally, so much reduced was she, alike in *morale* and in *physique*, that though once an accomplished horsewoman and habituated to danger and fatigue, she constantly evinced the profoundest terror without any adequate cause, and was unable to walk a hundred yards without sinking from sheer exhaustion. Mentally, while she enjoyed a distinguished reputation as an authoress, she betrayed a confusion of mind, inability to concentrate her thoughts, and impaired memory altogether remarkable in one so highly gifted by nature.

In particular:

1. As in Case 1, erythema of head and neck, with well-marked dark areolæ.

2. This hyperæmic condition of the skin extraordinarily intensified immediately after the ingestion of the smallest quantity of wine, beer, or spirits, and accompanied invariably with palpitation of the most distressing character, both lasting for about two hours; the excessive hyperæmia disappearing last of all from the forehead in curiously well-defined patches.

3. Partial paralysis of the œsophagus, as in Case 1; accompanied by a nervous disinclination to take food or drink, and seriously interfering with nutrition of patient.

4. Dimness of sight, with eyes bloodshot and overflowing with tears. Marked projection of eyeballs.

5. Feeling of intense sickness (without vomiting) frequently for a few minutes after taking chloral.

(To be concluded.)

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

TWO CASES OF ANGULAR CURVATURE OF THE SPINE.

(Under the care of Mr. HULKE.)

THE various manifestations of angular curvature of the spine, the result of caries of the vertebræ, are interesting to the pathologist, the clinician, and often also to the physiologist, to all of whom they afford materials for study and reflection.

Pathologically, there are at least four conditions which may lead to angular curvature: first, that in which the anterior segments of the vertebræ are affected with a so-called scrofulous inflammation; secondly, where the disease commences in the intervertebral fibro-cartilage, the vertebræ themselves, except the surfaces adjoining the diseased fibro-cartilage, being of natural texture and hardness; thirdly, where the bodies of the vertebræ are affected by a chronic inflammation, followed by subsequent ulceration of the fibro-cartilage; and, fourthly, where absorption or ulceration of the bodies of the vertebræ takes place as the result of the presence of a tumour, aneurism, or abscess—among which may be classed cases in which original caries exists in one part with a caries or absorption of the bone in another part, due to external pressure. In the latter variety the intervertebral fibro-cartilage is unaffected, and may often be found projecting beyond the atrophied vertebræ. The exact process by which the bone is removed in this class of cases is but imperfectly understood, but seems to be at least twofold: namely, by absorption the result of constant pressure; and in the case of an abscess it is probable that the ingestive and penetrating properties of the leucocytes thrown out in suppuration may have a distinct power of absorbing the exposed bone. For the experiments of Recklinghausen, Lortet, and others, have shown that these amœbiform leucocytes, the living pus-corpuscles, have a remarkable power of absorbing and penetrating the porous and nutritive substances with which they may be in contact. It is therefore not improbable that there may be mixed cases in which a primary caries of the vertebral segments has occurred with the formation of pus, which in turn becomes the cause of an external caries. This, if true, may influence the usual method of practice with regard to the evacuation of at least all abscesses that are rapidly increasing; for since the introduction of the antiseptic method of evacuating abscesses it has been shown that the danger attendant thereon is not so great as was formerly supposed—that, in fact, the chief danger is from the retention of air and decomposing pus; and therefore, if only a free opening be made so that air may pass out as freely as it passes in, the evil effects of laying the abscesses open may be greatly diminished.

Clinically, these cases have been variously classified according as the course be acute or chronic, or the disease commences in the bone or in the intervertebral cartilage. The former class of cases occurs mostly in the young, affects several vertebræ, is usually attended with suppuration, is followed by a greater or less amount of deformity, and is liable to end fatally; whereas the second variety occurs in older persons, but may of course be seen in young ones, is not so extensive, is not attended by so great deformity nor so frequently accompanied by suppuration, and does not, as a rule, end fatally, and is moreover followed by a firmer bony anchylosis than the former variety.

To the physiologist these cases are not so frequently objects of study, but in those cases where the functions of the spinal cord are affected, as when pains radiate down to the hip-joint and simulate disease of that structure, or where paralysis of motion or sensation, or of both, of the lower extremities occurs, the paralysis of motion being the more common, as would be anticipated from a knowledge of the motory and sensory tracts of the cord. There are also cases where the effects of disturbed function are confined to particular nerves, and produce impaired action of certain viscera, and even of vital organs, of which the most remarkable instances are perhaps the phenomena observed in cases where disease of the atlo-axoid articulation extends to the upper part of the spinal cord and to the medulla oblongata.

As regards treatment, the great objects to be attained are the improvement of the general health and the consolidation of the incurvated vertebral column. It is therefore of the highest importance that the patient should be kept at rest, and that no efforts should be made to remedy the angularity; for it is certain that new bone will not be deposited in the place of that which has been removed by caries, and therefore the only hope of obtaining a vertebral column capable of supporting the patient is to adopt every means to secure osseous anchylosis, which may further be supported by the throwing out of large irregular bony buttresses. Of the injurious and even fatal effects of attempting to straighten a bent spine we are, unfortunately, too familiar, and everyone must know, directly or indirectly, of some instances of the serious results of the ignorant manipulations of the confident bone-setter.

As to the merits of the subjoined cases, for the notes of which we are indebted to Mr. T. R. Thomas, dresser, we may observe that, as was remarked by Mr. Hulke at the bedside, although both were alleged by the patients to be of recent origin, while in the first case there was pain, tenderness, swelling of the surrounding parts, and rigidity, in the second all these symptoms were absent, the evidence pointing to an affection of long standing, and to which some accident had directed attention for the first time.

CASE 1. *Spinal caries, with commencing angular curvature, and also coxitis; rest.*—Sarah W——, aged thirty-seven, married ten years, but without family, a weakly woman, often having cough, and much troubled with leucorrhœa, was admitted May 20th, 1873, with pain in the hip and spine.

On admission the left lower limb was one inch shorter than the right; pressure on the front of the hip-joint, in the groin, behind the trochanter and on the trochanter, and jolting the foot so as to drive the head of the bone into the acetabulum, occasioned pain. Passive flexion was not painful till beyond a right angle. Abduction was painful sooner. The fold of the left nates was lower, broader, and flatter than the right. The patient complained of pain in the lower part of the back and in the left hip, extending down the back of the thigh. The first lumbar spine projected beyond the rest, and was very painful when percussed or firmly pressed. She had an expression of suffering, and her lips were dry.

The diagnosis of spinal caries with beginning angular curvature and coxitis was made. The patient dated her symptoms from a supposed wrench eight weeks ago.

Ordered four leeches to be applied to the spine.

May 22nd.—Pain in back less since the application of the leeches, and in the hip also since the application of extension of the lower limb by means of a pulley and weight. She lies on fracture-boards.

June 9th.—Some more leeches ordered and applied to relieve the pain.

19th.—Applied iodine paint in a circle around the diseased vertebra and the left hip.

July 7th.—The angularity of the first lumbar spinous process is no longer noticeable.

14th.—No pain or tenderness in back, and none in hip.

24th.—No angularity perceptible in spinal column, and no pain in the hip-joint, but the patient still keeps to her bed in order that the vertebræ may have time to recover and consolidate.

CASE 2.—Mary W——, aged twenty-one, was admitted July 15th with an angular projection of the spinous process of the eleventh dorsal vertebra, which was first noticed a

fortnight ago. The spines were not tender when strongly percussed, nor painful, nor was there any thickening or rigidity of the surrounding soft tissues. Shooting pain (occasional) across the upper part of the sacrum.

The patient stated that about two years ago she had "scarlatina in the throat," after this rheumatism in both shoulders, and about a fortnight later pleurisy on the right side, from which latter she has thoroughly recovered. Eight months ago she fell down twelve stairs and bruised her back. Catamenia regular. Ordered one teaspoonful of the syrup of the iodide of iron twice a day. A circle painted with iodine around diseased vertebra.

July 24th.—The patient is in no pain. The case is evidently an old one.

MANCHESTER ROYAL INFIRMARY.

COLLOID CANCER OF ABDOMEN IN A MAN, SIMULATING OVARIAN DROPSY.—COMPLETE PARAPLEGIA FROM A FALL, WITH RECOVERY.

(Under the care of Dr. BROWNE.)

THE true nature of colloid cancer is a *quæstio vexata* which we do not at present intend to discuss, but certain it is that a morbid growth which bears that name is often found affecting the parietal and visceral peritoneum, and even infiltrating the abdominal viscera. Sometimes it forms enormous tumours to which may be attached large thick-walled cysts, which may then simulate the proliferous multilocular cysts of the ovaries; or the peritoneal cavity may contain free colloid matter which has escaped from opened alveoli, and which, with ordinary ascitic fluid, may become encapsuled by the adherence of various portions of the intestines with each other and the abdominal parietes, and render the diagnosis more perplexing.

With respect to the second of the subjoined cases it is interesting to note the complete recovery after total suspension of some of the functions of the spinal cord.

Colloid cancer of abdomen in a man, simulating ovarian dropsy.—Daniel B——, aged fifty-one, a carter, tall and largely made, with black hair and florid complexion, was admitted July 11th, 1870. He had had no previous illnesses, and only dated the present one seven weeks back, although he had been already tapped. He had had no pain, and only thought he had strained himself.

The physical signs exactly resembled those of a single ovarian cyst, as there was no tenderness, and some tympanites was found in each lumbar region. On the 12th paracentesis was attempted with Dr. Roberts' largest canula and india-rubber tube, but failed from the viscidity of the fluid, therefore an ordinary trocar was used, and twelve pints of a yellowish, glairy fluid were removed. The fluid was highly albuminous, and slightly acid, and, under the microscope, was found to be filled with beautiful and globular cells, varying in size from that of pus to that of epithelium scraped from the tongue.

On Aug. 10th twenty pints were removed, the fluid being still transparent and like the former, but much more tenacious and ropy. Ten pints more were removed on the 27th, twelve pints on Sept. 22nd, and, finally, eleven and a half pints on Oct. 15th. The operation was repeated each time at the urgent request of the patient, and always gave relief, with the exception of the last attempt, after which the abdomen appeared almost as much distended and was as painful as ever. At each operation the size of the trocar had to be increased, until at last the largest size used in ovariotomy became choked, and had to be withdrawn. To the naked eye the contents of the abdomen were then globular, and to the touch excessively slimy.

Death took place from exhaustion on Nov. 1st, 1870. Very little semi-fluid matter came away on opening the abdomen, but the whole peritoneal surface was found to be covered with yellowish globular masses, varying in size from that of peas to small marbles. A microscopical drawing of the cells was made, and a specimen of the tumour has been preserved. The only treatment adopted was that which the varying symptoms of sickness, pain, and weakness suggested.

Complete paraplegia from a fall, with recovery.—P. B——, aged thirty, was admitted into the surgical wards March 20th, 1871, and transferred to the medical May 22nd. The patient, after ten years' service in the army, had purchased his discharge, having never been in a hospital excepting as "orderly." He was of choleric temperament. According to his own account, "there had been a christening, and on going upstairs late, he fell back and remained till morning doubled up on cold wet flags at the bottom till he was found and brought to the hospital." After the fall he soon became conscious, but he had no pain, and he felt sleepy.

No displacement of the vertebræ was found on admission, but paraplegia was complete. He could not move his legs, his arms, nor even his head. The urine and fæces passed involuntarily. There was much sweating, and bedsores formed on the heels and elbows in about a fortnight; before that the arms and hands swelled much. Sensation was scarcely impaired, though he was conscious of numbness everywhere, with a dull aching pain in the neck and shoulders and in both ears for the first fortnight. This was accompanied with a slightly comatose state; notwithstanding a slight expression of anxiety in the countenance, his answers throughout were characterised by total unconcern about the possible or probable result. The respiration was wholly abdominal during the first three days after his admission into the medical wards; after that, by an effort, he could imperfectly move the chest. There was tenderness over the seventh cervical vertebra; tickling caused reflex action, but there was no priapism. The pulse and respiration were normal; the temperature in the axilla soon fell from 101° F. to 99·5°. Appetite was good. No sugar or albumen in the urine, only occasionally oxalates. As a rule, always felt bodily well.

The peculiarity was the almost brawny swelling of the arms, hands, and fingers, accompanied with great tenderness, and a permanently higher temperature in the right hand than in the left. In a week after being placed on an air bed, which he greatly liked, he began to move a leg, then his head, and then both legs and the knees, but for many weeks he could not move his arms. On July 5th it was reported, "More power over the sphincters; can move the arms perceptibly, but scarcely the fingers." Various slight pains, as in the arms and neck, a smarting over the left trochanter, and twitchings up the back from the sacrum on movement, were always relieved by belladonna plasters.

Perfect rest was enjoined, and unwillingly but bravely and faithfully carried out at first. Then, when only slight uneasiness rather than pain followed voluntary effort, it was allowed. Till August 28th bending the elbows and fingers caused pain, but he was encouraged to bear this, with friction. On October 1st, 1871, he sat up for the first time, and on October 8th he walked for the first time, almost without help. A fortnight afterwards he went to the Convalescent Hospital for a month, and subsequently came to the out-patients' room to report himself quite well. He could move every finger.

During the first month he took a mixture containing one grain of the iodide of potassium three times a day; afterwards tonics. Extra diet, beer and Tarragona wine, were allowed from the first.

HÔPITAL LA PITIÉ.

(Under the care of Dr. LÉON LABBÉ.)

SENILE GANGRENE OF THE FOOT CURED BY THE OXYGEN BATH.

THIS case is eminently illustrative of the good effects of the oxygen bath in cases of senile gangrene. The patient was a man of about fifty. The case began with atrocious pain in the toes of the left foot, and the large toe and the next one soon assumed a dark-red colour, the patches extending in small ribbon-like lines to the articulation of the foot and leg. It was impossible to mistake the beneficial effects of the application of oxygen—the symptoms were almost instantaneously amended. The pain ceased immediately. On removing the oxygen experimentally, the pain returned and the other symptoms got worse. An eschar formed on the large toe has now fallen, and all that is at present left of the disease is a slight pinkish hue of the two toes, extending a little up the foot.

TUMOUR OF THE LARYNX AND PHARYNX; TRACHEOTOMY; RECOVERY.

The above successful case is now to be seen in the wards of Dr. Labbé. The patient, a man of about forty, had a tumour obstructing the upper orifice of the larynx, and extending into the pharynx. Operation by means of the galvano-cautery was decided on, but on beginning the operation a most violent fit of suffocation supervened, and tracheotomy had to be performed immediately. The patient doing well, the tumour was afterwards removed, and the man is now quite recovered.

REMOVAL OF NASO-PHARYNGEAL TUMOUR BY THE GALVANO-CAUSTIC WIRE AND KNIFE.

This is the second operation of the kind which we have witnessed in the wards of Dr. Labbé. Last year the patient was a girl about sixteen years of age; the operation was most successfully performed, and the circumstances thereof are to be found in THE LANCET of Oct. 19th, 1872, p. 562. In this second case the patient was a man of about twenty-five years. The soft palate was quickly and neatly slit through with the heated galvanic knife, and the tumour was then seen bulging. It was of a very pale hue, and seemed to be entirely of a fibrous character. There was very little hæmorrhage. Some difficulty was experienced in passing the wire round the tumour, the growth having scarcely a pedicle and being implanted on the basilar process. On the wire being fastened the two ends were connected, through a special apparatus, with an electric pile; and in a few seconds the larger part of the tumour came away. The section was quite clean and even, and there was no hæmorrhage. The remaining part of the tumour, or at least a good portion of it, had then to be removed with the scissors, and this brought on copious hæmorrhage, showing the difference between section with the galvanic wire and that with the knife from this point of view. Finally the hæmorrhage was stopped, and the remnants of the tumour were cauterised by means of the heated iron.

Prof. Verneuil, of the same hospital, assisted at the operation, and there was an interesting discussion about the value of the galvano-caustic proceeding. There is no doubt that the soft palate was very nicely slit with the knife, and that without the least hæmorrhage. The wire also gives a cleaner section than the écraseur, and the removal of the tumour is instantaneous, when once the wire is fastened, whereas the écraseur takes a quarter of an hour or more, which is really a consideration in cases like this of operation in the mouth. The difficulty is in the fastening of the wire. When the polypus has a long pedicle the difficulty is much lessened; but in cases like the present one, with a very short pedicle, it seems that the écraseur can be more easily applied.

In operating with the wire it is indispensable to secure the tumour beforehand, by means of an érygne, or crotchet, and keep it well in view. It facilitates the fastening of the wire, and prevents, besides, the severed part from falling into the throat, as the polypus is so rapidly divided.

In the first case, that of last year, there has been no return of the polypus. It is always necessary to make a few cauterisations on the root of the polypus with the galvanic button for some time after the operation, so as to ensure the total destruction of the tumour. There has never been the slightest accident after these cauterisations.

Reviews and Notices of Books.

Traité Théorique et Pratique des Maladies de l'Oreille et des Organes de l'Audition. Par le Docteur J. P. BONNAFONT. Deuxième Edition, revue et augmentée. 1 vol. en 8vo de 700 pages, avec 43 figures intercalées dans le texte. Paris: Baillière et Fils. 1873.

THE difficulties which present themselves in the investigation of aural diseases will probably always prevent the same rapid progress from taking place in this department of medicine that has of late years been made in ophthalmology. The optic nerve itself can scarcely be regarded as the limit of the ophthalmic surgeon's observation, for from its appearance many deductions can be drawn respecting the conditions of the brain, whilst all the rest of the apparatus is open to inspection. In the ear, on the contrary, not only is the auditory nerve invisible, but the proper acoustic apparatus is wholly concealed; and supposing even the membrana tympani to be broken down and the middle ear exposed, the aurist has advanced but a little way into the depths of the organ, and has no means comparable for an instant with the ophthalmoscope to enable him to tell what special part of the true auditory apparatus is at fault. Nevertheless, gradually improving knowledge of the structure of the parts, combined with careful clinical observation and post-mortem research, the value of which was first demonstrated by Toynbee, have already raised aural surgery to the second place amongst the specialties, and afford hope that means will hereafter be discovered by which many who labour under one of the most distressing of human infirmities will be enabled to resume intercourse with their fellow-men. The work before us is a very complete treatise on the subject of aural diseases by a gentleman who has been long regarded as occupying a leading position in this specialty, and who has suggested many improvements in the instruments required in practice.

Of the various methods of testing the hearing, M. Bonnafont finds the tick of a watch the best means hitherto suggested, and he employs largely the method of placing it in direct contact with various parts of the cranium, as—in the order of their relative value — the parieto-temporal region, the parotidean region, the mastoid region, the parietal eminence, the coronal eminence, and the occipital region. Tuning-forks and the acoumetre of Itard and others, mentioned by M. Bonnafont, have the objection that their sonority is so great that they are heard, or rather are perceived, by patients who are almost completely, and certainly irrecoverably, deaf. As a means of inspecting the meatus externus, M. Bonnafont employs the bivalve speculum known by his name—though many prefer Toynbee's simple oval one—and a more complex instrument which he names the otoscope, and which resembles the larger demonstrating ophthalmoscope of Liebreich.

M. Bonnafont gives an interesting historical account of the plan of catheterising the Eustachian tube—a subject that is only glanced at in English works. From this it appears that the first inventor of the method was a M. Guyot, a non-professional man, who, in 1724, cured himself of long-standing deafness by catheterising his own Eustachian tubes through the *mouth*. In 1731 Douglas and Cleland performed the same operation through the nose. The details of the operation were improved by Boyer, Itard, Deleau, and Gairal. M. Bonnafont, like Kramer and all who have had much experience, prefers metal (silver) catheters to those made of gum-elastic.

The treatment of deafness by means of electricity has been made the subject of special study by M. Bonnafont, and he adopts a somewhat bolder method of procedure than we believe is generally followed. It consists in transfixing the tympanum with a finely-pointed needle, coated with gum-elastic substance, and pushing it forward till it rests on the promontory in contact with the filaments proceeding from the otic ganglion. The needle is kept in place by plugging the meatus with cotton wool. He then catheterises the Eustachian tube, and passes through the catheter a thin stylet; a current, which need only be of very low tension, is then passed through the needle and the stylet. The results of the application of electricity do not appear to have been very brilliant in his hands. As he remarks, it is expedient to reserve it for extreme cases, and especially for cases of paralysis or defective sensibility of the nerve, the activity of which cannot be aroused by simple means.

It was maintained by Kramer that it is impossible to distinguish between the diseases of the cavity of the tympanum and those of the Eustachian tube; and that, even if the diagnosis could be established, the treatment would be the same. M. Bonnafont, however, remarks very properly, that defective therapeutics should by no means stand in the way of physiological and pathological inquiry, and proceeds to consider separately the function and diseases of the Eustachian tubes. He holds that these passages play the same *rôle* as the hole in a drum, permitting the renewal of the air contained in the tympanum and increasing the sonorous vibrations. He, however, then propounds a statement which is so obviously inaccurate that we are sure it must have been borrowed, for so sensible a writer as M. Bonnafont is, in general, would never have advanced it as his own opinion. It is that "the effects resulting from obstacles to the circulation of air in these cavities" (that is to say, dulness of hearing, and even deafness) "may also be produced, though to a less degree, by vitiation of the air contained in the tympanum. Thus highly rarefied air is a much better conductor of sounds than moist air, which explains the variation to which certain deaf persons are liable under the influence of a high temperature, or in cold and moist weather, this latter being always that in which they hear worse. So also persons living in low swampy districts, or in a humid atmosphere only, as on the seaboard, are much more liable to deafness than those who live in countries that are either hot or cold, but dry." Now, in the first place, *highly rarefied* dry air is not a better conductor than moist air; it is, on the contrary, a much worse conductor. Sounds are conducted better in fine dry weather simply because the atmosphere is then denser, and rarefaction would impair its conductivity. And in the next place, whether it were better or worse, it is certain that almost *before* any air enters the cavity of the tympanum, and certainly as soon as it has entered it, it is, like all the air of the respiratory passages, fully saturated with aqueous vapour. The circumstance that persons living in marshy districts, or in moist atmospheres, are, as no doubt is the case, more liable than others to deafness is not due to any difference in the amount of moisture contained in the air entering the tympanum, which can only undergo very slow exchange, but is attributable to the effect of such climatic and endemic conditions on the health of the body generally, and to the effect of the moisture, not on the Eustachian tubes and cavity of the tympanum, but upon the membrana tympani.

M. Bonnafont describes an acute and chronic form of inflammation of the Eustachian tube. Of the former we need say nothing; of the latter the signs are well given, as dryness, congestion, and thickening of the mucous membrane, and more or less perfect occlusion of the passage. Although some other surgeons, as Vidal, have recommended the use of the bougie in this form of disease, to M. Bonnafont, undoubtedly, belongs the credit of systematising its use, and of perceiving the value of the method of gradual dilatation, so useful in the case of other mucous membranes. He recommends also and gives a drawing of a very ingenious apparatus for the application of various vapours.

One of the most important chapters in the work is that in which M. Bonnafont seeks to define the cases where perforation of the membrana tympani, which in its effects he compares with the extraction of cataract, should be performed. This operation, which was introduced into this country with such a flourish of trumpets by Sir Astley Cooper, and which fell so rapidly into disrepute in consequence of its being indiscriminately performed, is no doubt, as Velpeau long ago remarked, destined, under proper indications, to become a recognised and useful operation. The first class of cases that M. Bonnafont indicates as suitable for its adoption is where the tic-tac of a watch can be heard when it is in contact with various parts of the head, though it may be inaudible when transmitted through air, showing that the nerve preserves its sensitiveness. In such cases, after satisfying himself of the absence of disease in the Eustachian tubes or external meatus, the practitioner may proceed to perforate with fair expectation of success. When a watch, and still more a tuning-fork, cannot be heard, especially when applied to the mastoid region, the result is doubtful, or worse than doubtful, and perforation should not be resorted to. The operation may be practised when the membrana is thickened and incapable of vibrating, and when the other parts of the ear have been ascertained to be healthy. Thirdly, it may be done where effusion of blood or of pus has taken place into the interior of the tympanum, the perforation then being made on the same principle as the opening of the abscess. M. Bonnafont describes in great detail the various modes of operating suggested by Cooper, Fabrizi, Gairal, and Kramer, and then gives his own method of procedure. The instrument he employs is a spring trephine, which takes out a piece of about four millimetres in diameter. His success does not appear to have been considerable. Even such an aperture as this, he says, often closes spontaneously. He has in consequence latterly employed various kinds of caustics, as nitrate of silver, Vienna paste, &c., and has operated in this way on more than one hundred persons; even then the opening almost always closes, which is in striking contrast with the inability of repair that occurs when the membrane has been destroyed by organic disease. This chapter, like the rest of the work, bears the impress of having been written by a thoughtful and at the same time thoroughly practical man. He finds that the best artificial tympanum can be made by moulding a little cotton-wool, previously moistened, on a little ivory rod, and slightly touching the surface with gum-water. On rapidly inserting it down to the meatus, it adheres, and may be allowed to remain *in situ* for a week.

In regard to the extraction of foreign bodies from the external auditory meatus, M. Bonnafont seems to rely upon the forceps in one form or another, or else upon some kind of crotchet, which can be passed between the offending substance and the skin, and then made to hook behind it by a mechanical contrivance. He lays less stress upon the injection of a brisk stream of water than its value deserves. Beans, peas, particles of slate-pencil, or matches, may thus be often removed without pain or danger, from which instruments cannot be said to be free, especially in inexperienced hands.

One or two of M. Bonnafont's cases raise the nice point of casuistry whether it is ever right to do wrong that good may come of it—whether we may disregard the means for the end to be attained—in short, whether we may deceive our patient for his own benefit. A lady was sent to our author who was under the impression that a pin she had used to scratch the meatus had dropped into it. The surgeon in attendance examined the ear, and assured her there was nothing in it. The patient, obstinately reiterating that she felt it pricking her, was sent to M. Bonnafont, who explored the ear with no better result than the previous surgeon. After debating in his own mind whether he should tell the truth or deceive the patient, he decided in favour of the latter on her saying with decision, "For myself, I am satisfied it is there." Upon this M. Bonnafont slipped a pin into the meatus and forthwith extracted it, giving the membrane a slight prick, to the great satisfaction of the patient, who only remarked that she thought the pin she dropped in was much smaller—a remark that contains a

useful hint to those about to pursue a similar line of treatment, that it may be worth while to ask the size of the offending substance before exhibiting the suppositious one.

The question of deaf-mutism is very interestingly treated by M. Bonnafont. He divides deaf mutes into those who are absolutely deaf, those who can hear a tuning-fork applied directly to the cranium, and those who can hear it even at a distance of a millimetre or two. The first group he maintains cannot be taught oral language at all, or, at least, reap no advantage from it. The other two classes, however, may, with much care and attention, be taught it. We imagine that the line is not so easily drawn, and that there are cases of absolutely deaf persons who may yet be taught speech. No one can have seen M. Van Praagh's school in the Euston-road without feeling that the intelligent appreciation of the oral language of others must prove of immense advantage to the deaf. It certainly is a faculty difficult of acquirement, and M. Bonnafont, who is by no means a bigoted opponent of the system, seems to have taken much trouble in determining who are and who are not capable of learning it so thoroughly as to render it useful to them. He lays down the above-mentioned rule very positively, and it is certainly founded on good physiological reasoning.

On the whole, this is a very well written and satisfactory book. The author has evidently a love for his subject, and has taken great pains in working up the views and opinions of others, whilst he expresses his own with the confidence of great experience and thorough knowledge.

A Treatise on the Diseases of the Tongue. By W. FAIRLIE CLARKE, M.A., M.B. (Oxon.), F.R.C.S. London: Henry Renshaw. 1873.

So far as we know, this is the first work which has ever appeared devoted solely to the surgical diseases of the tongue, although the number and variety of these diseases are such that they readily supply material for a good-sized volume. Mr. Clarke has approached the subject chiefly from a clinical point of view, the pathology and morbid histology of the various affections being somewhat lightly passed over; in fact, we cannot say that Mr. Clarke has added greatly to former knowledge of the diseases of the tongue, or has produced anything particularly novel in their treatment. Yet the book bears evidence of considerable research, aided evidently by extensive practical experience; and the thanks of the profession are due to the author for the careful manner in which he has collected his materials.

The treatise commences with a brief account of the anatomy and physiology of the tongue, which is useful as refreshing the reader's memory on these points before he commences the real business of the book.

The chapters on congenital malformation, atrophy, and hypertrophy, are clear and interesting, especially the last. The author has collected and tabulated forty-three cases of hypertrophy of the tongue, with the treatment adopted in each. In adults compression by some means has been a very successful mode of treatment, but in children amputation or ligature seems to have been more usually adopted. Mr. Clarke relates a case, under his own care, in which he removed the greater part of the tongue of a child aged five months and a half by means of the écraseur.

The chapters on "inflammation and its events" and on "syphilis as it affects the tongue" are not quite so clear. For instance, Mr. Clarke includes ichthyosis and psoriasis of the tongue under simple "inflammation and its events," although acknowledging their "generally" syphilitic origin. Again, he subdivides syphilitic affections of the tongue into—first, mucous tubercles and vegetations; second, superficial ulcerations; third, gummy tumours and deep ulcerations; and, fourth, morbid conditions of the mucous membrane—this last class appearing to us certainly to include the first two. The descriptions of the various syphilitic affections are, however, tolerably distinct, and they are illustrated by some very good lithographs. For the diagnosis of cancer from syphilis, Mr. Clarke gives a tabular view of the chief differences between them, which, although doubtless very efficient for superficial cases, would not aid us much in the difficult task of distinguishing a gummy tumour breaking down and ulcerating in the side of the tongue from an epithelioma in the same situation. The author believes, moreover, that a simple syphilitic ulcer may become cancerous, either "gradually becoming malignant" or healing, and leaving a scar which serves as a starting point for cancer.

The chapter on Cancer of the Tongue hardly does justice to the importance of the subject, and we hope that in his next edition Mr. Clarke will go a little more into detail about the various operations practised for the relief or cure of that terrible malady. We are surprised to find no mention of the galvanic écraseur, undoubtedly the most valuable instrument introduced into surgery for some time, and one which has been used with special success in operating on the tongue. It would also have been interesting if Mr. Clarke could have collected some statistics as to the immediate results of excision of the tongue. If this had been done there is little doubt that the mortality would have been found to be very high in the more extensive operations. It is all the more important to know what the prospect of recovery from the operation is, as the author acknowledges that at best the relief is only temporary, recurrence almost invariably occurring either in the glands of the neck or in the stump.

We hope the work will meet with the success it deserves, and that Mr. Clarke may have the opportunity, in a second edition, of adding somewhat to the above-mentioned neglected part of his subject.

MEDICINE AMONG THE CELESTIALS.*

WE think the Medical Reports forwarded by the surgeons to the Customs at the Treaty ports in China, published in the *Customs Gazette*, scarcely obtain the attention they deserve, for many of them, besides being excellently done, contain very interesting information furnished by men who are evidently *au courant* with the progress of medical literature. We may take the publication before us by way of illustration. It leads off with a contribution by Drs. Müller and Manson on the Health of Amoy for the half-year ended 30th September, 1872. *En passant*, these gentlemen note that they successfully operated on a Chinaman for stone in the bladder, as, until that case presented itself, Amoy had the reputation of immunity from this disease. We are next furnished with a very good account, mainly from a clinical point of view, of an epidemic of dengue which has recently prevailed there. Early in August the disease had extended as an epidemic over many parts of the Chinese town. Whole families were said to be laid up by it at a time, and, although not of a fatal character, it interfered seriously with the business of the place. By August 19th the disease had fairly established itself. So many suffered from the fever or its sequelæ that business was much interfered with, coolies, boatmen, and native merchants being nearly all of them ill. By August 27th, many cases

* Medical Reports for the Half-year ended 30th September, 1872; forwarded by the Surgeons to the Customs at the Treaty Ports in China; being No. 4 of the Series, and forming the Sixth Part of the Customs Gazette for July and September, 1872. Published by order of the Inspector-General of Customs. Shanghai: printed at the Customs Press. 1873.

had occurred amongst Europeans, both ashore and afloat. On Sept. 1st the epidemic may be said to have reached its acme, and most of the Europeans who had been exposed to the infection had sickened. The assistants and nearly all the patients in the native hospital had gone through the disease. From this date cases became rare, nearly all the susceptible amongst the Chinese having been attacked. By Sept. 30th it was a rare thing to meet a native who had not suffered. For several weeks the disease was confined to the town of Amoy and its suburbs, but afterwards it prevailed with equal intensity, and with the same characteristics, in all the neighbouring towns. Tchiobae, Tchhangtchin, Tangoa, and many other places were passing through the same ordeal. The reporters think there can be little doubt that this fever was imported by returning emigrants from the Straits settlements. There, as well as in India, the disease had prevailed for many months. The voyage from Singapore to Amoy, during the south-west monsoon, lasts but for ten or fourteen days, and it is probable that some of the great numbers of returning emigrants brought the disease with them. They throw a doubt on the correctness of a statement in THE LANCET that it was really dengue that had prevailed in the earlier part of the year in Shanghai, as Dr. Jamieson had made no mention of such a fact in his last report.

Notices of dengue are to be found in various standard medical works, but the authors of this report consider the best account, on the whole, is that given by Dr. Aitken in the first volume of the third edition of "Reynolds's System of Medicine." The symptoms, thermometrical ranges, diagnosis, prognosis, and sequelæ of this curious disease are very fully given in the report.

Dr. James Watson, in his paper on the health of Newchang, speaking of small-pox, says that in the event of cases occurring in foreign vessels arriving at that port it would be not only absurd but cruel to insist on quarantine, as small-pox is almost never absent amongst the Chinese. Of course, when small-pox cases are brought on shore, they must be isolated, and the ship thoroughly disinfected; but if this were done, he thinks the community would incur no greater risk, the patients would be better attended to, and the unfortunate sailors who were not suffering from the disease would not have to endure the discomfort to which they are exposed by quarantine. The principal diseases of this place in summer are diarrhœa, colic, and dysentery.

We have already alluded to Dr. Dudgeon's interesting reports on Peking, in connexion with the history of cholera among the Chinese. Dr. Dudgeon refers to the filthy condition of that city—a condition of which, he says, people in the West can form no notion, for the smells defy description—in regard to the wonderful immunity of the inhabitants from fevers. If bad smells alone created fevers, there ought to be no immunity from these diseases. The police and scavengers are among the healthiest and most robust of the population, and the beggars who congregate in the very centres of pollution, contesting with the dogs priority of claim to the refuse of the dunghills, survive and flourish, and most of them—at least the strictly professional ones—look fat and sleek. "The sanitary legislation of Western cities," he says, "is based upon the one idea that disagreeable and offensive odours are necessarily deleterious to health. The condition and mortality of Peking, I think, would seem rather to explode this belief. The removal of night-soil may be considered most destructive to health; yet here, there being no system for carrying off sewage or scouring drains, the entire night-soil of the city is transported during the day, through the most crowded and sometimes narrow thoroughfares. We are obliged to pass certain localities at all times with closed nostrils, while hundreds of people continually live in and around and above these open cesspools, and yet manage to look well and healthy. Many diseases prevail here as in the west, without the agency of this reputed cause—noxious odours; and the causes exist at all times here without producing such diseases."

Dr. J. R. Somerville's report on the health of Foochow contains some good remarks on what he terms "mixed fevers," which will commend themselves to medical officers who have practised in tropical and semi-tropical climates, and encountered the difficulties which Dr. Somerville has experienced in relegating many of these febrile diseases to some recognised type of fever. "Although," he says, "it may be said to be proved that a fever occurring in any part of the world can be reduced in the main to one or other of the recognised types, yet it is equally certain that fevers are often very complex in tropical and sub-tropical regions. One form passes into another, so that it is impossible for some time to ascertain the character of any assigned instance. This is proved by the recent Navy Medical Returns, and as far back as 1862 the fact was recognised by Dr. Lawson in the West Indies." Dr. Somerville cites some good illustrations of those difficult cases in which an ordinarily innocent fever suddenly assumes a malignant and fatal type; and he adds that it must be known to every practitioner in China, and he might have added India, who has had the opportunity of testing his diagnosis by post-mortem examination, that cases are by no means uncommon where the liver and spleen are found extensively diseased after death, without having indicated during life symptoms other than those of functional disorder. The relations of malarious fevers to enteric (typhoid) fever have yet to be fully worked out.

Dr. Reid's medical report of Hankow is one of much interest. His experience of consumption at that station differs from what has been recorded, for, so far from being a rare disease, it is very common. No less than 118 cases of pulmonary phthisis were treated during the year. The chief causes of this disease are traceable to the existence of those conditions which influence its development elsewhere—soil-moisture, bad air, insufficient exercise, defective diet, and the deteriorating influences of malaria. Dr. Reid concludes his excellent contribution with a report of cases of anæsthetic leprosy. Our remarks have already exceeded our intended limits, and we must content ourselves by simply referring our readers to Dr. Alexander Jamieson's Report on the health of Shanghai, which concludes the very instructive series of medical reports for the half-year ending September, 1872.

THE CHOLERA.

SINCE our last report cholera has become more actively diffusive on the Continent. Cases have occurred in Königsberg, and the disease is scattered over the whole of the neighbouring district. It has broken out at Helsingborg, in Sweden, a seaport town on the Sound opposite Elsinore, and thirty cases and fifteen deaths are reported as having occurred there during the last seven days. The events connected with the party of emigrants from Denmark and Sweden, who landed at Blackwall from Hamburg, on the 28th July, and among whom two cases of cholera occurred almost immediately after landing, lead to the suspicion that the disease is more widely desseminated in Western Germany and on the Baltic coast than had previously been believed. From the Austrian Empire there is little authentic news of the progress of the epidemic. We learn from private sources that it is still very rife in Hungary. In Pesth, from the 1st to the 8th July inclusive, there were seventy cases, and forty-six deaths; and from the 9th to the 15th July, 190 cases, and eighty deaths. Since the last given dates no returns appear to have been published, and the Municipal Government maintain that the cases which have occurred are "sporadic."

Cholera would appear to have been more or less prevalent in the city and province of Warsaw since the commencement of June. A ukase now before us for the city of Warsaw states that from May 30th to July 11th there had occurred there 298 cases, 97 recoveries, and 103 deaths from the disease.

In Bulgaria there has been a considerable extension of the disease, and it has now spread so far inland from the south bank of the Danube as Sofia. At Shumla only has it as yet assumed considerable proportions. In this town seventy cases occurred on the 5th July, fifty cases on the 6th, and twenty-three cases on the 7th. In Galatz there were twenty-two deaths from cholera from the 12th to the 16th July inclusive. H.M. ship *Cockatrice*, on the Danube, has lost two men from cholera. The disease is present in Crajova, Turnu-Severin, Lorn, and Silistria; but it has ceased apparently in Rustchuk, although prevalent in the

neighbouring district. Deaths from cholera are reported in Jassy.

The latest returns for Italy are as follows:—Province of Venice: cases under treatment 1st July, 8, new cases 20, deaths 10; under treatment 6th July, 16. Province of Treviso: cases under treatment 1st July, 37, new cases 23, deaths 18; under treatment, 35. Cases have occurred in Trieste.

From all the infected localities on the Danube and in Western Europe we have reports of intense heat at the time of cholera becoming more active; and of a diminution of activity of the disease with a diminished temperature.

The *Allgemeine Zeitung* states that from the 15th May to the 6th July 51,577 cases of cholera occurred in Gallicia, 19,007 proving fatal.

Foreign Gleanings.

HÆMORRHAGE OF THE PERICARDIUM CONSECUTIVE ON HÆMORRHAGE OF THE LEFT VENTRICLE.

The above case was recently communicated to the Anatomical Society of Paris by M. Dransart. It occurred in a woman of seventy, who the very day of her death seemed to enjoy perfect health. She had always been in good health. The results of the autopsy were briefly as follows: Pericardium distended by liquid blood; external aspect of large bloodvessels healthy; ecchymosis on the posterior wall of the heart in the situation of the left ventricle; towards the centre of this ecchymosis there existed a very small aperture, admitting the end of a grooved sound, which penetrated thus into a cul de sac extending obliquely into the thickness of the ventricular parietes; no alterations were found in the situation of the large bloodvessels on opening the cardiac cavities; not the slightest communication existed between the left ventricle and the pericardium; incisions made into the ecchymosis showed that the infiltration of blood extended deep into the ventricular walls, but a certain portion of the ventricular muscle, towards the endocardium, was free from infiltration; the muscle seemed quite healthy; heart of normal size; no notable deposit of fat. Marked lesions of the posterior coronary artery were discovered; the internal surface was intensely red; a reddish clot blocked up the artery; proceeding from the auriculo-ventricular artery there appeared a collateral branch, extending towards the seat of hæmorrhage. This artery was whitish, deprived of blood, and no doubt had afforded the liquid which had brought on the hæmorrhage. Doubtless there had been rupture of a little altered artery on collateral circulation being re-established after the obliteration of the posterior coronary artery. The anterior coronary was also altered, the walls being thickened, and the internal aspect being reddish; but it was pervious. The case is interesting as showing the possibility of spontaneous and fatal pericardial hæmorrhage due to lesions of the coronary arteries and independent of rupture of the heart or of the large vessels.

NEW MEANS OF DILATATION IN STRICTURE OF THE URETHRA.

It simply consists in the employment of a column of liquid about twenty metres high, established by means of a funnel, and containing about a pound and a half of water (boiled at 25° or 27° c.), and suspended above the patient's bed. An india-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glans, to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and, through its local and anti-phlogistic action, rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus three or four times a day, and when it is removed the surgeon has only to make use of his sounds or bougies.—*Mouvement Médical.*

ACTION OF ERGOT OF RYE ON THE BLADDER.

In cases of ergotism the results of post-mortem examinations show the existence of considerable repletion of the bladder, and the irritative action of ergot of rye on the vesical sphincter seemed to account for the fact. Dr. Wernich, however (*Centralblatt f. d. Med. Wissensch.*, No. 23), after a series of experiments on animals, contends that the phenomenon is due to another cause—namely, accelerated secretion of urine. The author relates two cases in support of his experiments, in which the rapid formation of urine, under the influence of the drug, was such as to render parturition impossible. After catheterism had been effected, labour took place speedily. As a practical conclusion, Dr. Wernich lays down the rule that in all cases of labour in which ergot of rye has been administered the condition of the bladder must be looked into before any manipulation is performed, and catheterism should always be performed in case of arrest of labour.

SYPHILITIC MENINGITIS RAPIDLY CURED BY IODIDE OF POTASSIUM.

The symptoms were as follows:—Persistent cephalalgia, contraction of the muscles of the nape of the neck, dilatation of pupils, alternate redness and paleness of the face, slowness of speech, groaning, contraction of limbs, vomiting, &c.; pulse 88 to 92; temperature normal. On the eighth day a treatment consisting of mercurial frictions, and from a half to one drachm of iodide of potassium internally, was begun, and then the latter remedy alone was employed; the amendment was most rapid after three days. The use of the iodide was suspended, as a trial, and the headache returned, but resumption of the remedy again removed it, and at the end of eight days the patient (a syphilitic woman) left the hospital entirely recovered.—*Annales de Dermatologie et de Syphilographie.*

ICE IN THE RECTUM FOR CHLOROFORM INTOXICATION.

The above means is recommended by Dr. Baillié in a recent number of *Lo Sperimentale* of Florence. The author asserts that there is no more active means of bringing back the patient to life. Slight pressure suffices to surmount the resistance afforded by the sphincter and introduce the ice. The ice melts in the bowel, and immediately the patient is seen to draw a deep breath, which precedes natural respiration and the re-establishment of the cardiac functions. Dr. Baillée recommends the same means in cases of apparent death in new-born children.

INTERNAL EMPLOYMENT OF CARBOLIC ACID AS PREVENTIVE OF HYDROPHOBIA.

Dr. Lailler, of St. Louis Hospital, Paris, recommends the internal use of carbolic acid as a specific remedy in all virulent affections. He thinks that, administered in doses of from seven to fifteen grains, it destroys the virulent principle. Milk of almonds and an oily laxative mixture should be administered in case toxic effects be produced by an overdose of the substance.—*Repertoire de Pharmacie.*

SUBCUTANEOUS INJECTIONS.

Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, &c.; it is neutral, can be kept easily, and is of all liquids the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellulo-adipose tissues.

MEANS OF DIAGNOSTICATING LIPOMATA.

A character peculiar to lipomata resides in the property belonging to all fatty tumours of hardening under the action of cold. When after the use of ice or the ether spray, in the case of a doubtful tumour, the growth is felt to become harder, the presumption is that the case is one of lipoma. *Revue Méd. Phot. des Hôpitaux.*

SUGAR AND MAGNESIA AN ANTIDOTE TO ARSENIC.

The *Mouvement Médical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar mixed with magnesia may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated magnesia is most valuable.

THE LANCET.

LONDON: SATURDAY, AUGUST 2, 1873.

THE drift of Mr. STANSFELD's public health "policy," so far as the medical profession is concerned, can now be pretty clearly understood. First, the Medical Department of the Civil State, which had been created by the Privy Council, is evidently shunted, pending Mr. STANSFELD's decision—still seemingly not yet arrived at—as to the place Mr. SIMON and his staff are to hold in the new public health administration. Meanwhile the work of organisation goes on under the former Poor-law inspectors; and the more we learn of their proceedings, the more reason we see to congratulate Mr. SIMON that there can be no reasonable doubt that he and his staff have no sort of responsibility whatever for the worse than blunders which have been committed in the initiation of the Public Health Act, and for the miserable results as to sanitary procedure and practice which will flow, and are indeed already flowing, from them. But the profession has a duty to the public as well as to itself to perform in this matter, and it may not stand quietly aside and see the follies which are now being perpetrated by the Local Government Board on questions which so nearly concern its own and the public interest without reiterated protests. The part which Medicine is called upon to play in public health matters is no vaguely defined, incidental, and subordinate part. All the fundamental questions of public health rest on medical knowledge, and cannot be dissociated from medical experience. Yet the only clear line which has been marked out as yet in Mr. STANSFELD's so-called public health "policy" is the absolute subordination of Medicine, even in its technical relations to public health, equally it would seem in the central as in local government, to lay agencies. The former Poor-law inspector's views of the "sanitary condition" of his district, and the opinions of inspectors of nuisances as to the sanitary state and requirements of their districts (see Mr. DOYLE's Report on the Sanitary State of Monmouth and Wales), are to be held at least of equal importance with the medical officer of health's opinion; and the inspector of nuisances is being played off against the medical officer, while the former Poor-law inspector is the ruling agent. This is the sole definite outcome that has yet been seen of Mr. STANSFELD's policy in the great question of public health administration! For in every other respect—as in advice tendered to local authorities, either as to carrying out their particular health duties or as to areas of supervision and inspection, whether for medical officers of health or for inspectors of nuisances—the confusion and contradiction are so absolute that, as our contemporary the *Practitioner* aptly said, Mr. STANSFELD's Board has shown itself to be, not a *board of local government*, but a *board of local anarchy*.

Next, in respect of the medical profession in relation to the public health organisation and work of the kingdom, we may now surely see a definite design in Mr. STANSFELD's policy throughout, and that is, to reduce its influence both in the central and in local government to the lowest possible point. By having ignored steadily the medical staff of his own Board in the initiation of the Public Health Act, concerning which this staff was so thoroughly qualified by knowledge and experience to advise, Mr. STANSFELD shows a determination to carry out the central work of public health organisation by a lay agency alone, altogether inexperienced in the important questions involved. To this end it would almost seem as if the Medical Department created by the Privy Council is to be sacrificed. But is the profession prepared to be thrust back without remonstrance into a position which would have interposed between itself and responsible ministers solely a lay intermediary agency necessarily altogether unversed in the intricate and complicated technicalities with which the profession has to deal, and thus to see its position in the civil service of the State reduced to a mere negation? We unhesitatingly answer, No.

To the same end is the arrangement proposed by the Local Government Board for medical officers of health for large areas. Mr. DOYLE has here frankly explained to us Mr. STANSFELD's policy. In the organisation which he suggests the relationship between the medical officer and the central authority is to be maintained solely through the lay inspector. He is to derive no counsel, no aid, from the accumulated experience of the officials who can best understand his difficulties and sympathise with them—namely, the medical staff of the Board, except so far as it is filtered through the lay inspector, or is directed upon the report of the inspector by a special dispensation of the Board. The district constituted according to Mr. DOYLE's advice, with its supervising medical officer of health and sub-district medical officer of health, is to be sufficient in itself, with the lay inspector holding the position of a planet, round which these officers and their boards revolve as satellites. That the profession will quietly assent to this arrangement, when its consequences are clearly understood, we do not for a moment believe. This arrangement would lead to this, that the opinions of medical officers of health would have to be regulated on the technical questions affecting their duties by individuals having no knowledge, or only an amateur knowledge, of the questions at issue, and from whom there would practically be no appeal. By the arrangement now being carried out, hygiene, both in central and local administration, is being reduced to the level of amateur and *dilettante* conception and practice. The evil consequences of such arrangement have been abundantly seen in Poor-law administration, and of this there was never a more striking illustration than in the present scandalous prevalence of contagious ophthalmia in the pauper schools of the metropolis.

If we seek to understand the meaning of this "policy," we shall probably find that the simplest explanation is nearest the truth. It is only comprehensible on the supposition that Mr. STANSFELD is determined to maintain in the public-health administration of the Local Government Board Poor-law traditions and practices. Mr. STANSFELD has not hesitated, so far as the medical staff of his Board is concerned, indirectly rather than directly to put an end to work

which is identified with the credit of the profession in this country. He further seeks—for such is the common-sense interpretation of Mr. DOYLE'S recent addresses in Wales—to make the profession at large the cat's-paw of this policy. He would subordinate, in fact, the great objects of public-health administration to a policy of departmental routine. But the profession will not sit quietly and witness, without protest, the great principles of public hygiene, which cost it so much to build up, reduced to nonsense, as is now being done, under the authority of the Local Government Board, in every part of the kingdom. Neither will it be made directly or indirectly responsible for the mischiefs arising from this action of the Board. For the follies which are now being largely committed in sanitary procedure and practice by the newly-created sanitary authorities (of which we quoted some instances on Mr. DYKE'S authority last week) the Board is fully responsible. Those follies have been for the most part ignorantly committed, in direct opposition to published official memoranda of the Medical Department of the Board and of well-known advice of its Medical Officer and of its medical inspectors. Either the memoranda have been withheld, or they have been misinterpreted or misunderstood by the general inspectors of the Board; and the sanitary authorities, where most anxious to do their duties, have been left to flounder without guidance in the difficult way of practical hygiene in its public aspects. Too commonly their efforts have added to the mischief they were wishful to prevent; but the efforts thus made have been done legally and under the implied approval of the Local Government Board. Mischief thus done cannot easily be undone; and in all the localities in question (we state this advisedly) the measures taken by Mr. STANSFELD for the initiation of the Public Health Act, 1872, have added to existing unwholesome conditions, by encouraging the adoption of crude, ill-considered sanitary measures, which positively give rise to nuisances more dangerous to health and life than the nuisances they are intended to remove.

THE General Committee for securing a complete medical education for women in Edinburgh cannot be said to be indifferent or lukewarm in their cause, for they have no sooner realised an adverse decision than they have set themselves to the work of facing fresh difficulties, and have proposed that they shall establish medical schools for themselves, and ascertain if the examining boards will admit them, or whether indeed they can refuse to do so, in the event of which they will petition "Parliament next session with a view to obtaining such legislation as will secure to women the rights to which they are fairly entitled by the Medical Act of 1858, but from which they are practically debarred by their exclusion from the ordinary means of instruction and examination." This devotion and enthusiasm would be very commendable in a better cause, but at present is null and void. We have already given our opinion on the merits of the Edinburgh case, and we shall now only discuss the general aspects of the question of female doctors. It is no part of our task to explain or account for the redundancy of women, nor to point out in what particular departments of the business of life they may best devote their energies; but shall confine ourselves to the task of endeavouring to show that, contrary to a widely-spread popular opinion, they are neither by nature nor habit adapted to the multifarious duties of a medical practitioner. It is asserted by the advocates for female doctors that there is a field for the usefulness of women in the medical treatment of diseases of women and children, and that women themselves would rather be attended in their labours and various ailments by members of their own sex than by men. We must demur to this, for from an extended experience we are convinced that the mothers of England prefer to be attended in their labours by medical men, and that, in fact, the idea of female medical attendants is positively repulsive to the more thoughtful women of this country. Judging from the mental, moral, and emotional characteristics of the female organisation, we should say that women are not well fitted to regard calmly and philosophically the pains and agonies of their sisters, nor are they constituted to battle seriously and determinedly with many of the dangerous and alarming accidents of parturition, which always require prompt and vigorous action. Moreover, it is the result of ignorance or oversight to imagine that anyone can comprehend the details of obstetrics and gynæcology without a thorough knowledge of all the departments of medical science, or that they can become skilful and successful practitioners of the art without an accurate acquaintance with the general manifestations of disease. We ought not, with the empiric specialist, to divide the body into separate organs and systems, and treat only this or that; but we must take the body as a whole, and learn the intimate relationship and sympathy which one part bears to another. The opinions we have stigmatised have, unfortunately, too long held men's minds in bondage, and have resulted only in a retrogressive quackery. The best specialist is he who, thoroughly conversant with the general working of the complicated machinery of the human body, has yet an intimate acquaintance with all its individual parts, and is therefore able to comprehend it in its entirety. Obstetrics has only comparatively recently been rescued from the midwives and the *sages-femmes*, and is just beginning to enjoy a scientific reputation as the result of the labour of many intelligent and enlightened observers. Shall we, then, again consign it to the dark regions from which it has just been snatched?

Further, women are neither physically nor morally qualified for many of the onerous, important, and confidential duties of the general practitioner; nor capable of the prolonged exertions or severe exposures to all kinds of weather which a professional life entails; nor capable of keeping the social secrets of patients, which are often dearer than life, and are second only to the claims of justice; nor ought they to be able to give instruction on many points of worldly wisdom which serve often to save many from temptation, or even to reclaim them from actual sin or impending ruin.

It has been foolishly asserted that the difference between the mental constitution of a man and a woman is the result of education, and that if a girl were brought up under the same conditions as a boy, the difference would not exist, or would be reduced to a minimum. This is erroneous in the highest degree, for there is a fundamental and structural

difference which shows anatomically and physiologically in early life, and declares itself most emphatically at puberty. It cannot be doubted that it is possible to make women more *man-like*, but it is not possible to produce in them the characteristics of man without destroying many of their feminine attractions, and possibly also their feminine functions. It is probable that, by careful selection, we might succeed in producing a race of strong-minded, masculine women, who might be capable of sitting on our school boards, or in the Houses of Parliament, or engaging in the active work of the learned professions; but by that time also men might have become reconciled to the gentler occupations of domestic life, and capable, mentally, morally, and perhaps physiologically, of staying at home to nurse the baby.

We must now turn to examine another phase of this subject. From what we have stated it is evident that the only justification for the present movement in favour of female doctors can be that the work is not properly done at present; and if this be so, it remains to be proved that women possess in a high degree all the qualifications necessary to the scientific and practical physician and surgeon. If it cannot be shown that women are better, or at least as well fitted for medical practice as men, it is surely opposed to all principles of political and social economy to urge females into the field to the necessary exclusion of many men, for already the profession is overstocked. It may be replied, however, that by competition the product is supplied to the public at a smaller cost; but the result of this will be that the labour will become too unremunerative to engage the energies of the higher intellects, who will turn their attention to more profitable pursuits,; and therefore unless women can be produced who are able to grapple with the profound problems of scientific medicine, the subject must necessarily lapse into charlatanism, to the ultimate prejudice of mankind.

ONE of the occasional and unavoidable annoyances to which all medical men are of necessity liable was exemplified in the case of LAMBE *v.* BENNETT and BARTON, which was lately tried at the Wicklow Assizes, before Mr. Justice O'BRIEN. The facts of the case were briefly as follows:—The plaintiff, who is the widow of a foreman coachbuilder, who died in February last while undergoing an operation under chloroform, sought to recover £1000 damages from the defendants, who are respectively one of the visiting surgeons and the resident medical officer of Sir Patrick Dun's Hospital in Dublin. It appears that, on the 12th of February, LAMBE (who was the father of three children, and earned wages averaging nearly fifty shillings weekly) had the misfortune to injure his foot, and was taken to the hospital about five o'clock in the afternoon. He was seen by the resident officer, who decided that amputation of some of the toes was necessary, but, not considering the case urgent, thought that it might stand over till the following morning, when the surgeon made his visit. LAMBE suffered a good deal of pain during the night, and it was necessary to give him two doses of laudanum. On the following morning, at half-past nine, Dr. BENNETT made his visit, and decided upon amputation. LAMBE, on hearing this, expressed his willingness to leave himself in Dr. BENNETT's hands, and "have as much as was necessary taken off," but *requested* "that it should not be removed till he was under the influence of chloroform." Three-quarters of an hour later the deceased, who was a strong, muscular man, six feet two inches high, was placed upon the operating-table. Dr. BARTON administered the chloroform, and a third-year's student held the pulse. Dr. BENNETT took up his station for operating, and another student proceeded to control the hæmorrhage by compressing the femoral artery.

The chloroform was administered by means of SKINNER's mask and a drop bottle; the patient, who was stripped to the waist, was in a recumbent position, and up to the time of the fatal occurrence about two drachms of chloroform had been administered. During anæsthetisation the patient struggled very violently three times, the administration being allowed to intermit each time till he became calm. Immediately after the third struggling, which was very violent, Dr. BARTON called out to Dr. BENNETT that the respiration had ceased, and simultaneously the two students who were controlling the radial and femoral arteries, gave warning that the pulse had failed. The patient was dead, death taking place about five minutes from the commencement of the administration. Various methods of resuscitation were practised for an hour. Artificial respiration by SILVESTER's method, galvanism, pulling forward the tongue, and enemata of brandy all failed, however, to revive any sign of life in the unfortunate man. This account of the case, which was given by the defendants, the plaintiff did not attempt to contradict. The majority of the nine medical witnesses who were examined agreed that death was due to an idiosyncrasy which could not have been foreseen, and shortly before the termination of the evidence the jury stopped the case, declaring they were satisfied, and gave a verdict for the defendants.

We cannot see that any other verdict could possibly have been arrived at, but, knowing how uncertain verdicts are when ordinary juries have to deal with technical matters, we cannot but congratulate Dr. BENNETT and Dr. BARTON on the satisfactory termination of a most disagreeable business.

The line of argument which was adopted by the plaintiff's counsel may be inferred by the following extract from his opening address:—"An eminent authority (ERICHSEN) had written with reference to ether and chloroform: 'Ether is safer, but chloroform is more convenient, because its effects are quicker, and it leaves no unpleasant odour.' It was a very serious responsibility when a man in treating a case should prefer a dangerous course simply because it was more convenient. In this case precautions were not taken. There was no examination of the man's organs, to see if it would be dangerous or otherwise to submit him to chloroform, and the man who had charge of the pulse—a very important responsibility—was a medical student." There was no real evidence to show that the deceased was not a proper subject for chloroform, although Dr. O'LEARY, who was called for the plaintiff, stated that LAMBE (whom he had formerly treated) "was a man of essentially nervous temperament, and had *functional* derangement of the heart.

Dr. BARTON did not know that, and if he did, he would not have administered the chloroform." The defendants' counsel very properly informed the jury that functional derangement of the heart might be caused by over-eating, over-drinking, joy or sorrow, but that was not disease of the heart. In point of fact, it is high time that the popular ideas as to the relation between cardiac disease and death from chloroform should be set right. Functional disease of the heart (by which we suppose is meant occasional palpitation or intermission) is certainly no contra-indication to the employment of chloroform; neither is valvular disease, unless it be excessive. The only condition in which chloroform proves dangerous is that of fatty degeneration, which is always difficult and generally impossible to diagnose. It is, in fact, a matter for conjecture, never a certainty, and although its discovery post mortem may serve to account for an untoward event, no medical man could be held responsible for its non-detection during life. It is certainly a singular feature in the case that no post-mortem examination of the deceased was made, and one can hardly understand the omission of a point which might have strengthened and could not well have weakened the case for the plaintiff. It is true that all the medical witnesses held very strongly that a post-mortem examination would have revealed nothing; but there is, nevertheless, a preference, especially in law courts, for facts rather than opinions. The case was one of a common type of chloroform accidents, in which, after violent struggling, the pulse and respiration cease simultaneously. It often happens that during the violent struggles the muscles of the chest are fixed, respiration is stopped, and the dangers of apnœa are added to those of chloroform narcosis, and this was probably the case with LAMBE. The most serious point, and the one of greatest interest which the case opens up, is the responsibility of deciding between the employment of chloroform and ether. There is probably no country in the world where anæsthetics are used so fearlessly as in this, and although fatal chloroform cases, from the prominence which is necessarily given to them, appear to be far too frequent, still they must bear an infinitesimal proportion to the number of cases in which anæsthesia is employed. As public opinion runs at present, any medical man who may be placed in a position similar to that of the defendants in this trial runs the risk of having witnesses arrayed against him who might state "that the employment of chloroform is unwarrantable, and that ether, as being less dangerous, is the only anæsthetic which, with our present knowledge, one has a right to employ." Medical opinion has become unsettled upon this point, and it is of paramount importance that some definite decision should be arrived at. Would it not be feasible for the Medical Council to suggest the propriety of registering—at all events in all public hospitals—every case in which anæsthesia is resorted to? If this were done, we might in a very short time be in a position to judge of the relative merits of rival anæsthetics, and the responsibility of selection—a responsibility which threatens to be serious—would be done away with, or at least diminished.

THE port of London is now supplied with a medical officer of health. *Apropos* of the subject, we may remind our readers that the Corporation of the City of London, having consented to be nominated the sanitary authority of the port of London in the Public Health Act of last year, appointed a Committee nearly twelve months ago to carry the terms of the Act into execution. The Health Bill became law on the 10th of August last; a "Provisional Order" was received by the Corporation from the Local Government Board on the 17th of September, and a renewal of that order was sent on the 25th of March in the current year. The Committee, as a tentative arrangement, procured the *Rhin* (an old hulk) on loan from the Admiralty, moored her below Gravesend, and appointed Mr. Whitcombe, of that town, to take charge of any cases that might be received. Meanwhile it was found, on inquiry, that the Corporation had undertaken a far wider and weightier business than was at first supposed. For it appeared, when the legal aspects of the matter were sifted, that the limits of the port of London (and therefore the extent of the jurisdiction of the Corporation of London under the Public Health Act of 1872) were those established for the purposes of the laws relating to the Customs. These limits extend eastward to a point considerably below the Nore, but are overlapped by the boundaries of the ports of Colchester, Maldon, Rochester, Faversham, and Ramsgate. The western limits of the port extend upwards to Teddington Lock, including all rivers, creeks and streams proceeding from the main channel, and necessarily comprising the docks. So that, as a matter of fact, the City Corporation, acting as the port sanitary authority, has now charge of between seventy and eighty miles of waterway, as well as eight sets of docks. It will thus be seen that this body have undertaken no small task. Indeed we venture to affirm that they have obtained possession of the most awkward and most unmanageable sanitary district in England, the proper administration of which will nevertheless exercise a vast amount of influence over the health of the metropolis. It is therefore a matter of great congratulation that the sanitary authority of the port have at length really commenced work. That the staff as as present constituted is manifestly inadequate no one at all acquainted with the aspects of the subject can deny. But port sanitary work is quite in its infancy. We have only during the last two or three years become gradually aware of the influence exercised by the floating population over that of the shore—an influence that, from its insular position and vast commercial relations, exists to a greater extent in the United Kingdom than in any other country. Hence it is proper that the authorities should in the first instance feel their way, and first find out how much is required of them. Every opportunity has been afforded by the Sanitary Committee of the port for the exercise of a wise discretion in the choice of their chief medical officer, and upon him must lay, at all events at the outset, the burden of success or failure. So much has been said and written on this very important subject that we shall watch with great interest the proceedings of the sanitary authority of the port of London, and we advise them in the first instance to take counsel of the Medical Department of the Local Government Board.

Medical Annotations.

"Ne quid nimis."

THE BRITISH MEDICAL ASSOCIATION.

THE forty-first annual meeting, which commences on Tuesday next, will have the effect of bringing to the metropolis a great number of the provincial members of our profession, and we are glad to see amongst the list of those expected the names of many men of the highest standing in the sister kingdoms and the shires. We can assure them that a warm welcome awaits them and that no niggardly hospitality will be extended to them. The air is indeed full of rumours, not only of scientific gatherings, but gatherings of other kinds—for eating, drinking, enjoyment, and country excursion. In the midst of so much that is distracting we hope that the metropolitan members of the Association will bear in mind the importance, next week, of punctually attending to their various hospital duties, so that those country members whose appetite for "papers" has been sated at the "sections" may have an opportunity of witnessing the practice and hearing the clinical remarks of those who are at present in the position of professors or teachers, and of again "walking" the wards of their former *alma mater*. Many foreigners of great distinction intend, we hear, to honour the Association with their presence. First and foremost among these is Professor Virchow, the renowned pathologist and politician, who will, we understand, in all probability deliver an address. Professor Langenbeck of Berlin is also spoken of as likely to be present, but there is yet some doubt upon this point. Bardeleben, Rindfleisch, and others of scarcely less note, will also represent the German school of medicine. From France, Noel Gueneau de Mussy, Marey, Chauveau, and others, are expected; and M. Dieulafoy intends, we hear, to give us the advantage of his experience with the pneumatic aspirator. Dr. Tracey of Melbourne, Dr. Viall of Montreal, Fordyce and Barker, Seguin, Hutchinson, and Bumstead, from New York, will also help to swell the list of strangers.

The catalogue of papers to be read is alarmingly long—so long, in fact, that it is hardly possible that even a minority of them can be either original or interesting. The Council of the Association would surely be considering the interests of the members if they were to appoint a committee of scrutineers whose licence it should be to strangle ill-developed bantlings. With the thermometer perhaps at 80° and after partaking of a public luncheon, it is doubtful if even a paper on so novel a subject as "Cyanopuon" would prevent frail men from occasionally yawning. We are asked to state that all members of the Association (whether metropolitan or provincial), who wish to participate in the various amusements which are offered them, will be required to register their names in the books of the Association at King's College on or after Monday next, when they will be furnished with vouchers which will serve for identification and for passes, and will say "open sesame" to doors which will otherwise be closed against them.

Advantage will be taken of the presence of so large a number of medical men in the metropolis to hold conferences on matters not strictly connected with the Association. On Thursday, August 7th, at 3.30 P.M., a conference of medical officers of health will be held at King's College, at which all medical officers of health (whether members of the Association or not) are invited to be present. A conference of Poor-law medical officers (under the presidency of Dr. Lush, M.P.), and a conference of militia surgeons, will also be held at King's College during the week.

It is also the intention, we hear, of certain of the provincial Fellows of the College of Surgeons, acting on the suggestion of Mr. Bartleet, of Birmingham, to request permission to hold a meeting at the College to consider questions relating to the representation of provincial Fellows on the Council, and the propriety or not of voting by proxy at the Council elections.

CHOLERA IN THE METROPOLIS.

WE regret to have to report the importation of Asiatic cholera in the metropolis. On Monday, 28th July, two cases of cholera occurred among a party of foreign emigrants who had been landed that day from a Hamburg vessel at Blackwall. The greater number of these emigrants, about 80 in number, had come from Copenhagen, by way of Kiel, and they consisted of natives of Sweden, Zetland, and Jutland, bound for New Zealand. They left Copenhagen on Tuesday the 22nd July by ship, and landed at Kiel. From Kiel to Hamburg they travelled by rail, receiving additions to their numbers, both at Kiel and Hamburg, and they reached Hamburg on the 24th. The additions were said to be all natives of Jutland. It is not known how the emigrants bestowed themselves at Hamburg, but on the 25th July they embarked on a vessel bound for London. This vessel sailed at 2 o'clock on the morning of Saturday the 26th, and reached Blackwall at 4 o'clock on Monday morning the 28th July, not having touched at any port on the voyage. Throughout the whole journey from Copenhagen to Blackwall, no unusual indisposition is said to have occurred among the emigrants, and all were apparently in excellent health when they passed Gravesend. But this statement must be taken with some qualification, for it is not easy to arrive at an accurate knowledge of the condition of health among a body of emigrants not all speaking the same language.

Almost immediately after reaching Blackwall, and before leaving the ship, one of the emigrants, a Dane, forty-five years of age, was attacked with severe cramps in the belly. The emigrants, about two hours and a half after the ship's arrival, were taken to and distributed among several lodging-houses in Whitechapel, and the sick man and fifteen others were housed in a lodging-house in Queen-street, near the Mint on Tower Hill. The cramp in the belly had been followed by vomiting and purging, and later in the day the matters evacuated became serous. Collapse supervened, the pulse ceasing, and the surface of the body becoming blue and cold. In the course of the evening there was some rally, reaction set in, but the purging continued, and the man, although alive at the time of our latest news, remained in a very dangerous state.

About seven o'clock on the morning of the 28th, another of the emigrants removed to the lodging-house in Queen-street, and just after they had reached it, was suddenly seized with excruciating cramp in the belly. The patient was a girl, of about twelve years of age, from Sweden, who had joined the emigrants at Copenhagen. The cramp was quickly followed by retching and collapse, and death occurred at 2 P.M. the same day, nine hours from the commencement of the attack. From beginning to end no urine had been passed, and the patient, although she spoke little, remained sensible. There had not been any purging or vomiting observed during life, but after death it was found that the clothes beneath her were soaked with a brown liquid.

Dr. Holt, of the Minories, had been summoned to attend the cases, and he at once communicated the facts to the Medical Officer of the Local Government Board. Dr. Buchanan, assisted by Dr. Gwynne Harries, was immediately directed to make an investigation of the nature of the cases and of the circumstances under which they had taken place. The girl was dead before Dr. Bu-

chanan and Dr. Gwynne Harries reached Queen-street, but both gentlemen were enabled to satisfy themselves that she had died from Asiatic cholera, and that the Dane, then in the reactionary stage, was suffering from that disease. Mr. John Liddle, the Medical Officer of Health for Whitechapel, had also seen the cases, and, in conjunction with Mr. Harry Leach, the newly-appointed Medical Officer of Health for the Port of London, and in co-operation with Dr. Buchanan and Dr. Gwynne Harries, the most energetic precautionary measures were at once adopted to prevent the spread of the disease. In addition to active measures of disinfection, steps were taken to collect together as quickly as possible the different members of the party of emigrants, in order that they might be isolated and placed under medical observation. Further, the party was to have joined a ship bound for New Zealand, which sailed from the Thames on Thursday, but they were prevented from doing so, and they will be kept isolated and under observation until all danger to themselves and others is removed. The important work of bringing together and isolating the emigrants, and of preventing their sailing at the time proposed, devolved chiefly upon Mr. Harry Leach, and he carried out this difficult work with energy and tact.

NATIONAL SCHOOL FOR COOKERY.

MR. HENRY COLE and Mr. Buckmaster deserve the thanks of the nation for having made cooking the subject of popular discussion, and we sincerely wish all success to the scheme which is now being floated under most brilliant auspices for the establishment of a school in which the poorer classes may be taught some of the first principles which should guide them in the preparation of food. Of late years we have been doing great things towards the prevention of those diseases which spring from defective drainage and ventilation, but our efforts towards the prevention of the evils arising from faulty nutrition have, by comparison, been strangely small. Only those who practise amongst the poor can be aware of the lamentable ignorance which exists, not only on the subject of cooking, but on the more comprehensive subject of feeding. Not one mother in twenty has the slightest knowledge of how to feed her children, and all seem ignorant of what is wholesome and easy of digestion and what is not. It was only the other day, for instance, that we were told by a poor woman (who brought a child aged two years, debilitated by measles, to one of our hospitals) that "the little darling was terrible dainty, and would hardly pick at all, but on Saturday night she took her into the streets, and did manage to tempt her with a *penn'orth of whelks*." This we believe to be a fair sample of the knowledge of dietetics possessed by the lower orders, and this being so, it is not to be wondered at that soft bones, crooked limbs, and emaciated forms are so terribly common. We believe that the crusade against bad cooking is capable of exerting a very powerful influence upon the moral and physical well-being of the nation. Before the establishment of the popular schools of art we were entirely dependent upon foreigners for the designs of our lace, carpets, wall-papers, and cabinet furniture. Twenty years, however, have worked marvels, and the visitor to the Vienna Exhibition will see that England more than holds her own, both in workmanship and design. The art of cookery—the only art in which "a thing of beauty" is not "a joy for ever"—has alone been neglected, and in an international cookery contest we should at present certainly come off second-best. We have no doubt, however, that popular education is capable of very rapidly disseminating the requisite knowledge, and that in a few years we shall equal our continental neighbours in our practice of the culinary art. We should particularly advise the junior members of our profession not to neglect the opportunities they are now likely to obtain of learning the principles of cooking. Some of our most successful practitioners have been distinguished for their knowledge of practical dietetics, and it is certainly quite as requisite to know what is likely to prove offensive to the stomach as to possess merely the knowledge of remedying evils which should have been prevented.

THE LATE ARMY MEDICAL WARRANT.

WE are glad to perceive in the recent answer to Mr. Donald Dalrymple's question in the House of Commons indications on the part of the Minister of War that he is prepared to modify the terms of the late Warrant in some respects. We have always held that what is best for the public is best for the service. There appears to be far less objection on the part of medical officers to the introduction of the new reorganisation of the department than might have been imagined, considering how successful the working of the regimental system has been in the past, and how much, on the whole, it has contributed to the happiness of the medical officers. The War Office authorities have a perfect right, of course, to remodel the service in such a way as to bring it into harmony with other changes that have taken place in the reorganisation of the army as a whole, but medical officers certainly were justified in anticipating that existing rights would be conserved. They surely need not have been deprived of their regimental appointments after the summary fashion that has been adopted. As regards the matter of forage, we have always contended that the clause in the new Warrant in regard to it involves a clear breach of faith with those officers who entered the service under the terms of previous Warrants. Mr. Cardwell on a former occasion stated his belief that much of the existing irritation would pass away when the new system of depôt centres got into working order and became fully known, and medical officers will await with some curiosity, not unmixed with anxiety, any disclosures that he has to make on this head. We have done our best to support and popularise certain changes in the medical service which we regarded as good and inevitable, but we felt bound to oppose to our utmost the conditions with which Mr. Cardwell has accompanied them. He is asked to make such concessions as are fair and reasonable to the medical service, and our duty is clearly to advise intending candidates for that service to wait until this be done.

A NEW LEPROSY MISSION.

THE Secretary of State for India in Council has, we are gratified to learn, with the concurrent recommendation of the Army Sanitary Commission, accorded permission to Dr. Vandyke Carter, who is at present in England, to proceed to Norway, at the expense of the Government, in order to investigate leprosy as it prevails in that country. It has been suggested to the India Office, and, indeed, by ourselves, that Dr. Vandyke Carter, whose researches relative to the pathology and causation of leprosy are so well known to the profession, should be allowed full scope to pursue a personal and detailed inquiry throughout India into, especially, the distribution of leprosy and concomitant condition of soil, race, food, habits, and the like, of the different races there so far as these may appear to influence the genesis or spread of leprosy, and we believe that the matter is under favourable consideration. Meanwhile Dr. Carter's projected visit to Norway may be regarded as a favourable indication that the India Office is disposed to encourage special investiga-

tion by capable individual observers. We are quite convinced that much reliable and original information is likely to be obtained by such a procedure. Dr. Carter's study of leprosy in its endemic haunts in hot climates has given us valuable pathological and clinical data concerning the disease, and it is desirable, considering how long and fully his attention has been turned to this particular malady, that he should have an opportunity of studying it in the colder and more northern climes. We understand that as regards this preliminary inquiry (which is, we believe, the first of the kind that has been undertaken), Dr. Carter proposes to ascertain whether or not leprosy presents the same external characters in Europe as it does in the East, if its concomitant and other features are identical or not, and then, having fully compared all phases of the malady, it will be necessary to consider its history, treatment, and progress in Norway from early times until the present, in order to ascertain such facts as may bear on the prime question of the proper treatment of lepers as part of the Eastern community, with regard to both their own and the public welfare. While we are aware that Dr. Carter is inclined to insist upon the necessity of the segregation of lepers, it may be concluded, we think, that due consideration in all its aspects will be given to this part of the subject, which has such a paramount interest (in the present temper of the day) for India and the East. Respecting the etiology of leprosy, it is to be hoped that definite information, even if of a negative character, may as well be procured. The India Office is to be commended for the step it has taken in this matter.

MORTALITY AT SEA.

THE thirty-fourth annual report of the Registrar-General of England, just issued, contains some interesting statistics relative to the mortality among British seamen. In the first place we note as matter for regret that the several statutes which place all captains of British vessels under an obligation to transmit to the Registrar-General particulars of births and deaths occurring on board their vessels at sea among English subjects, are "virtually inoperative throughout the mercantile marine." The Registration Acts Amendment Bill before Parliament this session, but withdrawn the other day, contained provisions for ensuring an improved record of births and deaths at sea, so that we may anticipate a change for the better in this respect, before long, probably. As regards the merchant service, its strength in 1871, as returned by the Registrar-General of Seamen, was 199,738 men and boys, exclusive of masters, who, for some unexplained reason, are not brought into account; the deaths in 1871 out of this force amounted to 4338, equivalent to a mortality rate of 21·7 per 1000. This rate was the lowest since 1864, but that it is excessive may be gathered from a comparison of the two decenniums 1852–61 and 1862–71; the mean annual mortality was 19·2 in the former as compared with 23·1 in the latter period. All that can be said about the merchant service, then, is that the mortality is not quite so high as it has been, but that it is much above what it ought to be, judging by former experience. Exception may perhaps be taken to a comparison between the merchant service and the navy, that the conditions of life are not equal. But we find it hard to believe that this difference satisfactorily accounts for the great disparity in the mortality. Granting, as seems to be the case, that there is little difference in the constitution of the two services in respect of age, the Registrar-General shows that the average mortality in the navy is 14, against 21 in the merchant service; the corresponding mortality among the whole English male population at home being 10 per 1000. It further appears that, while in the navy two-thirds of the deaths are the result of disease, in the merchant service two-thirds of the deaths are the result of causes other than disease. Among the home population, at the sailors' ages, the mortality from all kinds of violence does not exceed 1 per 1000; in the navy the ratio is 4, and in the merchant service 15 per 1000. "The dangers of the sea," the Registrar-General observes, "are now in the navy four times, and in the merchant service fifteen times, as great as the dangers on land." Let us hope the Royal Commission now sitting may be able to suggest means for lessening those dangers in our mercantile marine.

THE PATHOLOGY OF PILGRIMAGES.

MR. ISAAC TAYLOR'S "Natural History of Enthusiasm" has received some striking illustrations in these days, when the pilgrimages to Lourdes have revealed an almost mediæval devotion, and the Italian Government has actually been obliged to prohibit such demonstrations within the peninsula. Besides the mental excitement which these enterprises betray, they are not without their pathological aspect, facilitating as they do the spread and concentration of disease. The French Government some eight years ago instituted an inquiry into the means by which cholera was conveyed from the East, and found the most effective to be the annual resort of thousands of the faithful to Mecca, and their sojourn there, under the most insanitary conditions, for weeks. In Europe, pilgrimages to the shrines of saints are not on so vast a scale, but still they suffice to overcrowd the unfortunate village or township of their destination to quite a serious extent, particularly when an epidemic like cholera is on the wing. Not only do they diminish the supply of accommodation and of the necessaries of life, but the frame of mind into which their members are thrown almost invites disease when the reaction of depression has set in. The Government of King Victor Emmanuel, alarmed at the reappearance of cholera, has, as a precautionary measure, prohibited the congregation of pilgrims at the Sanctuary of Assisi and the Holy House of Loreto. Ancona has always suffered so severely from cholera that the prohibition of pilgrims to the latter shrine is not to be wondered at. It is doubtful, however, how far the measure will be effectual. The troops and gendarmes stationed on the frontiers will have no difficulty in turning back the peasant pilgrims who march hundreds of miles to the sanctuary, carrying staves and wallets, singing litanies, and sleeping by the wayside or in the market-place; but how about the political pilgrims who come by express trains, who put up at first-class hotels, and organise their display of devotion only when they arrive on the sacred spot? These will hardly be distinguishable enough from ordinary travellers to be recognised and turned back. So we fear that Italy must wait till education has purged her people of their grosser superstitions before she can feel secure against the risks which the periodical assemblage of thousands of excited devotees incurs under the shadow of a hovering epidemic.

WAKES AND INFECTION.

WHATEVER may be the value of the objections made on moral and æsthetic grounds to the holding of "wakes," it is certain that, as a matter of public health, it is very desirable that their celebration should at once be authoritatively forbidden. Everyone who has had any opportunity of seeing the mode of life among the lower order of the Irish must have been shocked at the exhibitions of depravity presented at these "wakes." Men and women, distressed and sorrowing friends, meet together to watch over the dead body of the departed one, but always on the

distinct understanding that they shall be freely supplied with alcoholic liquor, generally whisky, which is usually of the vilest character, by which means they are better able, up to a certain point however, to offer heartfelt sympathy and condolence to the bereaved ones. But soon the combination of fiery liquor with the natural impulsiveness of the votaries results in the wildest confusion and maniacal excitement, which frequently ends in riotousness and even violent death. This is not all, for so strong is the attachment of these people to whisky, that, as long as their craving appetites are satisfied, they will indiscriminately watch over any dead body, regardless of the cause of death, and heedless of the danger to which they may expose themselves and others by coming in contact with a body capable of conveying disease by contact or infection. They will watch the body which has died of a disease of malignant contagiousness or infection with the same thoughtlessness and equanimity as if death had been the mere result of old age, if so be that they can be freely supplied with drink. For a convincing proof of the danger to the public health which arises from these "wakes," we refer to a statement made by the Registrar-General of Ireland, in his Appendix to the Seventh Annual Report. The Registrar of the Fethard No. 2 district, in referring to a fatal case of typhus, says:—"An old woman died suddenly of what was supposed to be paralysis. A wake of course followed, and within the ensuing three weeks fifteen persons who had either been in contact with or attended the wake of this old woman were stricken down by typhus fever. It appears that the old woman had given lodging to, and washed the linen of a tramp, who had been but lately discharged from a neighbouring fever hospital." This, if true, is a serious charge against the authorities of the hospital who allowed a patient who was capable of conveying infection to leave their charge. Surely it cannot be necessary to insist on some measures to guard against such dangers to the public, and for the suppression of "wakes." We must invoke the aid of the higher powers, whose influence ought to be exercised at once, and without waiting for any further cruel demonstration of the present murderous state of things.

FEMALE RESIDENT MEDICAL OFFICERS.

THE experiment of appointing a female resident medical officer to the Hospital for Women at Birmingham has been followed at Bristol in the case of the Hospital for Sick Children, with the effect of leading to the unanimous resignation of the medical staff of that institution. The cases of the two hospitals are widely different; for at Birmingham the hospital was a new one, and the medical officers were favourable to the appointment; whilst at Bristol the hospital has been well served for many years by the existing staff, upon whom the governors have now forced a female subordinate. We cannot affect surprise at the result which has been attained, and do not see how any other could have been expected.

Setting aside all prejudices which medical men may or may not entertain upon the subject of female medical education, there are one or two practical inconveniences connected with the tenure of office in a hospital by a female resident which may be worthy of notice. In the first place, in the present state of the law, the foreign degrees held by most of the lady doctors do not entitle them to register, and, consequently, they are not legally-qualified practitioners. The inconvenience of this has already been experienced at Birmingham, where the coroner, when investigating a death from an anæsthetic administered by the resident medical officer, declined to recognise her evidence as that of a skilled witness. Secondly, we all know that residents are seldom altogether immaculate in the eyes at least of their seniors, and that every now and then a "rub" occurs in connexion with the management of some case. Is the dissatisfied surgeon to be debarred from expressing his opinion by the unpleasantness of "blowing up" a lady; and is she to be *de facto* mistress of the situation and exempt from all interference? We cannot wonder that the Bristol physicians and surgeons should decline to be put in such an unpleasant predicament, and question whether the governors who are so enthusiastic for female suffrage will take much by their motion.

ROYAL COLLEGE OF PHYSICIANS.

A MEETING of the Royal College of Physicians was held on Thursday. A circular despatch, which Lord Kimberley proposed to send to certain colonies, upon the subject of the care and treatment of lepers, was submitted to the College, with a request from his lordship that the College would suggest any modification or addition it might think desirable. A second document, containing a report on the Beaupurthey treatment of leprosy, was submitted. These documents were referred for a special report to Dr. Gavin Milroy, Dr. Jackson, Dr. Tilbury Fox, and Dr. Fayrer. The College then proceeded to elect fellows and officials, a list of whom will be found elsewhere. Finally, the College adopted a series of recommendations as regards the preventive treatment of cholera, to be issued if necessary. They were merely a repetition of former recommendations.

THE MEDICAL OFFICER OF HEALTH OF THE PORT OF LONDON.

IT is reassuring to know that we have now got not only a medical officer of health for the Port of London, but a good one, with special qualifications for the post, consisting in a familiar knowledge of the river, and of the habits of sailors and their diseases. With reference to our present anxiety about the entrance of cholera the appointment of Mr. Harry Leach is peculiarly satisfactory, for he has made valuable contributions to our information as to the mode in which cholera spreads, having had sanitary charge on railways in Turkey during the epidemic of 1865, and medical charge of the hospital-ship *Belle-isle* on the Thames during the cholera epidemic of 1866. He also superintended sanitary ship-to-ship visitation on the Thames in that year. The Corporation has chosen, by a large majority, the man who was marked out for this appointment, and we believe that their election will be justified by a strict account of any cases of infectious disease that may make for the Thames. The Port of London has set a good example to other ports, which cannot be followed too soon.

ST. ANDREWS UNIVERSITY.

A UNIVERSITY should be like the poet's garden—"not wholly in the busy world, nor quite beyond it." It has always been one of the recommendations of St. Andrews as a seat of learning that the youth attending her halls could pursue their studies undisturbed by the temptations of city life—temptations which, in the judgment of many sound educationists, constitute a disadvantage which even such admirable institutions as the London University are barely able to cope with. For this reason we are glad that the proposal to establish an affiliated college at Dundee has fallen to the ground. Railway communication between the latter city and St. Andrews is now so facile that there is really no argument on the score of distance for the innovation suggested; while the inevitable issue of its adoption would be the removal of an old academic landmark to one of the busiest centres of commerce north of the Tweed.

SIR WILLIAM FERGUSSON.

A LARGE and influential meeting of professional and other friends of this eminent surgeon was held on Monday last, in Edinburgh, for the purpose of co-operating with the movement in London, to present him with his portrait. Professor Spence dwelt on the claims Sir William possesses on the faculty in general, and its Scottish representatives in particular; and intimated that, while subscriptions north of the Tweed would be freely and amply afforded for a work of art whose ultimate destination was the English College of Surgeons, a *replica* should be executed to hang in the Edinburgh College, and perpetuate its subject's features in a hall associated with so much of his early work. We wish our Scottish *collaborateurs* all success, and congratulate them on the excellent spirit in which they have joined in with a movement which originated south of the Tweed.

HEALTH OF THE WIMBLEDON CAMP.

FROM the Medical Report of the National Rifle Association meeting for 1873, just concluded, we learn that the average number sleeping in camp during the whole period, from the 5th to the 19th July inclusive, has been somewhat higher than that of last year—namely, 2698 against 2638. Staff-Surgeon Temple, V.C., in medical charge of the Camp, reports that the health of the Camp has been excellent throughout. The few cases that applied for treatment were almost entirely for trivial complaints, and the hospital stood empty during the greater part of the time. This result is attributed in a great measure to the excellence of the sanitary arrangements, which have this year been further improved, and to the prevalence of very favourable weather. No casualty from lead-splashing occurred, and the review, at which a large number of the regular and auxiliary forces were present, passed off without any accidents.

CRIMINAL IGNORANCE.

AN inquest was held last week at Brighouse on the body of an illegitimate female child aged eleven weeks, who had died rather suddenly under suspicious circumstances. The child had been very well up to the evening preceding its death, but "a little cross." The mother gave it some paregoric, and then, sending to the druggist's for a pennyworth of laudanum, administered "two or three drops." As a natural consequence, the child died, and the mother, who ignorantly administered a poisonous dose of a poisonous drug, escaped with merely a reprimand. The jury expressed their "extreme disapproval of the very common and improper practice of administering dangerous opiates to infants." We think it is a pity that mothers of this class should have the chance of pleading ignorance. It would be no very difficult matter to compel druggists to affix to a bottle of laudanum a label to the effect that the contents are not to be administered to children without the advice and consent of a medical man. If this were done, we should perhaps hear less of these distressing cases, which serve to show us how delicate is the distinction between carelessness and manslaughter.

CHOLERA AND THE LONDON HOSPITALS.

Now that we are threatened with a visitation of cholera, it would be well to inquire into our means of dealing with this fearful malady, and to make sure that we are in a position to grapple with it. It is, therefore, necessary that the authorities of the hospitals should set apart isolated wards for the reception of cholera cases, the most scrupulous care always being exercised to prevent its spread to other inmates of the institutions. These measures, to be of any avail, must be promptly adopted, so that we may avoid the scandal of having allowed the dread disease to make havoc for weeks or even days before we could muster forces sufficient to repel its progress. It will be of no avail to argue that the cases are at present few or accidental, for, unfortunately, a few hours may swell the numbers to an alarming extent.

THE MEDICAL ACT AMENDMENT (UNIVERSITY OF LONDON) BILL.

THE Medical Act Amendment (University of London) Bill has passed through both Houses, as was to be expected, considering its parentage and the heat of the last days of Parliament. It remains to be seen how the powers which it gives will be used. It empowers the University to co-operate with other examining bodies in conducting examinations required for qualifications to be registered under the principal Act, and to refuse its degrees to those who have not passed such conjoint examinations. These are great powers, capable of being made to work most injuriously. They are only to be used with the sanction of one of Her Majesty's principal Secretaries of State.

ST. THOMAS'S HOSPITAL.

THE vacancy produced at the St. Thomas's Hospital by the retirement of Mr. Le Gros Clark, who has been on the tutorial staff of this medical school for forty-three years, will be filled by the elevation to the post of surgeon of Mr. MacCormac, the senior assistant surgeon, and Mr. Wagstaffe, who has held the post of resident assistant surgeon for three years, will supply the vacancy caused by Mr. MacCormac's promotion; so that the only post that will really be vacant will be that of resident assistant surgeon, which is tenable for one year, the holder of the appointment, however, being eligible for re-election two years, making the maximum time during which it may be held three years.

POLLUTION OF RIVERS BILL.

THIS Bill was withdrawn in the House of Lords on Tuesday evening, the Duke of Northumberland (who had charge of it) intimating that he should take up the subject again next session, provided the Government did not introduce a measure of their own for putting an end to the evils which it was the object of his Bill to remedy. Lord Morley repeated the announcement made by him on a previous occasion, that the Government were considering the matter, with a view to legislation next session. The session of 1873 will thus close without anything having been accomplished for the promotion of the public health.

CHOLERA ON THE RIVER.

WE have just received intelligence, on going to press, that the emigrants brought from Hamburg have been collected and sent down to the *Rhin*, below Gravesend, by permission of the Corporation, as sanitary authority of the Port. These arrangements were effected by Dr. Buchanan, Mr. Harry Leach, and Dr. Featherstone, the agent for the New Zealand emigration service.

A NEW MEDICAL REFORMER.

AN address to the electors of Bucks appears in *The Times* of July 26th, signed William Talley, soliciting suffrages on the following plea:—"As a well-known friend to the medical profession, I would secure them their fair fame, and lessen their nocturnal engagements"! What does this mean? Is Mr. Talley an advanced disciple of

Malthus and Amberley, or does he propose to re-order the periodicity of nature, so as to bring off all labours at a specified, convenient hour in the morning? Or is he about to make known to the world, through Parliament, such improvements in science that henceforth the services of the medical profession will be superfluous?

HEALTH OF MR. GLADSTONE.

THE health of the Premier is of such imperial importance that whenever it seems imperilled the nature and cause of the disease should be accurately stated. Our lay contemporaries, in announcing the right hon. gentleman's illness last week, could not have been aware that it was nothing more than a sharp attack of diarrhœa, consequent partly on overwork partly on the shock occasioned by the sudden loss of one of his oldest friends, the Bishop of Winchester. Mr. Gladstone is now convalescent, and though he requires to be careful as to the extent and character of his work, there is no ground for grave uneasiness.

MR. ERICHSEN.

OUR readers will be glad to learn that Mr. Erichsen's health has very much improved—so much indeed that there is now no doubt that he will resume his duties at University College at the commencement of the winter session. Mr. Erichsen has been stopping for the past month at Tunbridge Wells, and his rapid recovery is in no small degree to be attributed to the fine air of that sanitary resort. It is a matter for regret that the British Medical Association will lose the benefit this year of his address in Surgery, but let us hope that this is a benefit which is only deferred.

THE MEDICAL SERVICE OF THE UNITED STATES.

FROM the first of the two magnificent volumes issued by the Government of the United States, embracing the "Medical and Surgical History of the War of the Rebellion," we gather that the following casualties occurred among the medical staff of the regular and volunteer forces. Nineteen medical officers were killed in action, 13 were assassinated by guerillas, 8 died of wounds received in action, and 9 of accidents occurring under the same circumstances, giving a total of 49 deaths. In addition, 73 medical officers were wounded in action.

CHOLERA ORDER FOR DOVER.

THE Corporation of Dover have, under the order of the Local Government Board of the 17th July last, directed that all ships arriving at that port infected with cholera shall be so moored in the specified place, and that no ship shall approach to within 250 yards of the shore or of any of the piers of the port.

Persons on board or visiting such ships are warned not to leave them prior to medical examination.

THE ALEXANDER PRIZE.

WE understand that the Alexander Prize for the best essay on "the nature of destructive lung disease, included under the head of pulmonary consumption, as seen among soldiers, and the hygienic conditions under which they occur," has been awarded to Surgeon Welch, F.R.C.S., Assistant-Professor of Pathology at Netley, the second place having been accorded by the assessors to the essay by Surgeon-Major Gore.

THE CHOLERA.

UP to the time of going to press, we have not received any intimation of the occurrence of any cases of cholera in London or the provinces from any member of the profession, with the exception of the report of the cases in Queen-street, Tower-hill, among a party of emigrants from Hamburg.

A GREAT Polo match was played at the Lillie-bridge grounds on Friday last, in aid of the funds of the West London Hospital, which, judging from the number of carriages and spectators on the ground, must have received substantial benefit from the proceeds of the entertainment. Most of our metropolitan readers have probably witnessed the game of Polo by this time; to those who have not we will only say that there is nothing in it suggestive of the martial sports of the tilt-yard of old, or of those chivalric games whose light went out at the Eglintoun tournament. We think it an infinitely more pleasant sight to see our "golden youth" amuse themselves by urging on undersized ponies after a small white ball, than to see them slaughtering pigeons at Hurlingham.

AT the last meeting of the Executive Committee of the Dublin Sanitary Association, the following resolution was adopted:—"That this committee desire again to express their opinion that the construction of a cholera hospital near the mouth of the river is imperatively called for, because the object of such a hospital would be to prevent the introduction of cholera into the city by providing for the immediate reception not merely of seamen, but of any person who may unfortunately arrive in the port affected with the disease, and the conveyance of whom to any existing hospital would be the source of much danger to the citizens."

THE mortality last week in the chief towns of the kingdom was at the rate of 19 per 1000 of the estimated population. We were pleased to find that no case of small-pox was included in the metropolitan returns, and that the number of deaths from diarrhœa, although reaching 350, was below the average rate for the corresponding week in the preceding ten years. Forty-three deaths in London were referred to different forms of violence.

COMPLAINT has very properly been made at Bow-street of the disgraceful condition of the carts in which fruit is sent by the growers to Covent-garden. Sewage of the worst description is conveyed in these vehicles on their return, and no care is taken to cleanse them before reloading them with fruit. On the production of proper evidence, the magistrate intimated, the Act of Parliament could be enforced.

THE Committee of the Leaveeden and Hampstead Asylums, in their last Report, state that during the preceding three weeks twenty-four patients had been received at the former institution, making in all 1695 patients. At Hampstead Asylum 386 patients are under care and treatment.

A GREAT many cases of typhus fever have lately occurred in St. Olave's Union, and the attention of the sanitary authorities has been called to the existence of typhus in the parish.

IN the House of Commons on Tuesday night, Sir D. Wedderburn gave notice that he will ask leave to bring in a Bill next session to admit women in Scotland to medical degrees, and with power to confer such degrees.

AT an inquest held on Wednesday evening last, Mr. Bedford, the coroner for Westminster, pointed out the danger from infectious diseases that coroner's jurymen are liable to, and recommended that the parish authorities should provide air-tight coffins supplied with glass lids, so that a corpse could be "viewed" without unnecessary exposure to possible infection.

AT a meeting of the managing board of the Leeds Infirmary held last week, a portrait in oil of Dr. Chadwick, the consulting physician to the institution, was presented to the board. The portrait, which has been subscribed for by the numerous professional and lay friends of Dr. Chadwick, will be hung in the board-room of the infirmary.

WE regret to announce the sudden death, from a ruptured bloodvessel, of Mr. H. W. Price, surgeon to the Leeds Police. Mr. Price was Chairman of the Sanitary Committee of the Town Corporation, in which body his loss will be greatly felt. Mr. Price was only fifty-two years of age.

IN consequence of the severe illness of Dr. Joule, F.R.S., President elect of the British Association for the Advancement of Science, Dr. Williamson, F.R.S., of University College, has been appointed President, and will officiate at the meeting of the Association at Bradford in September next.

MR. THOMAS WILLIAM SANDES, of Oakvilla, Tralee, has been presented by his tenantry with a massive silver tea-urn and an address congratulating him on his marriage with the daughter of Dr. Rawdon Macnamara, the distinguished President of the Dublin College of Surgeons.

WE have been requested to state authoritatively that no Fellow or Member of the College of Surgeons can be admitted to the *soirée* at the College on the evening of August 6th unless provided with a ticket of admission, to be obtained by application to the secretary previous to that day.

AT a meeting of the Edinburgh University Court on Tuesday, Dr. T. Grainger Stewart was recognised as a Lecturer on the Practice of Physic, attendance on his classes qualifying for graduation in medicine in the University.

DONATIONS to hospitals could not take a better form than that of the ice-house just presented to Arbroath Infirmary by Mr. Patrick Allan Fraser, of Hospitalfield.

TUESDAY night's *Gazette* contained a series of cholera regulations for Scotland.

THE MEDICO-ETHICAL ASSOCIATION OF MANCHESTER ON PROVIDENT INSTITUTIONS.

WE have already referred to a meeting of the medical profession of Manchester and its neighbourhood, at which resolutions unfriendly to provident institutions were passed. The Medico-Ethical Association has held a special meeting to discuss the same question. This meeting was called on the requisition of ten of the members. It will be seen by the following that the Association rejected the motion of Dr. Royle against provident dispensaries. It is to be regretted that the profession should be so divided on this question. Such division is a grievous harm to the medical body. We are informed by Dr. Royle, that at the meeting of the whole profession, the resolutions condemning provident dispensaries were carried by very decided majorities.

We are informed by the secretaries of the Medico-Ethical Association, on the other hand, that at the meeting of the Association very decided majorities affirmed the doctrine that the abuses existing in the out and home department of the medical charities can be remedied by the establishment of Provident Sick Societies, and finally passed the motion unanimously.

In accordance with the requisition, a special general meeting of this Association was held on Monday, the 21st inst., when it was moved by Dr. Royle, and seconded by Mr. Walls—"That in the opinion of this meeting the institution of Provident Dispensaries as hitherto proposed is not calculated to remedy admitted evils, whilst the scheme would hardly be consistent either with the due interest or the proper dignity of the medical profession."

Dr. Borchardt moved, and Dr. Armistead seconded, as an amendment—"That this meeting is of opinion that the abuses existing in the out and home department of the medical charities can be remedied by the establishment of Provident Sick Societies in Manchester, provided that in the formation of these societies the principles laid down by the Medico-Ethical Society are strictly adhered to."*

The amendment was carried by a large majority, and upon the chairman putting it to the meeting as a substantive motion, it was passed unanimously.

The meeting then proceeded to the election of three members to represent the society upon the committee of the medical charities of Manchester and Salford, and the following gentlemen were elected by ballot—viz., Dr. Royle, Dr. Armistead, and Dr. Hardie.

THE HOSPITAL SUNDAY FUND.

IN last week's number we gave the particulars of the distribution to hospitals. This week we give the sums awarded to dispensaries and other institutions.

Dispensaries.			
The City Dispensary	£76	13	4
Farringdon, Holloway, Islington, Royal Kent, Royal South London, Royal Pimlico, Royal General, Surrey, and Western General Dispensaries ... ... each	38	6	8
Kensington, Public, Queen Adelaide's, Western, South Lambeth, and Westminster General Dispensaries ... ... each	28	15	0
The Chelsea, Camberwell, City of London, Clapham General, Eastern, Finsbury, Metropolitan, St. George's, St. George's and St. James's, Tower Hamlets, Westbourne, and St. John's Wood Dispensaries ... ... each	19	3	4
North-West London, Haverstock-hill, Islington and North London, Kilburn, London, Portland-town, Paddington, St. Marylebone Provident, St. Marylebone General, St. Pancras, Stamford-hill, and South London Dispensaries ... ... each	9	11	8
Other Institutions.			
Metropolitan Convalescent Home	£479	3	4
Mrs. Gladstone's Convalescent Home	191	13	4
Establishment for Gentlemen, Infirmary for Epilepsy, Margaret-street Infirmary, and Guy's Hospital Samaritan Fund ... each	38	6	8
The Royal Infirmary for Women and Children	28	15	0
Royal Maternity Charity	19	3	4
London Diocesan Deaconesses' Institution, Evangelical Protestant Institution, and St. Mary Magdalene Convalescent Home ... each	9	11	8
Summary.			
Hospitals	£24,571	13	4
Dispensaries	967	18	4
Other Institutions	881	13	4
Total	£26,421	5	0

* The principles alluded to are the following:—(*a*) That they (Provident Associations) should be entirely self-supporting. (*b*) That every qualified medical man should have the option of attaching himself to some one society. (*c*) That no medical officer should delegate his duties to an unqualified assistant.

Correspondence.

"Audi alteram partem."

THE CHOLERA CASES IN LONDON.

To the Editor of THE LANCET.

SIR,—I forward a brief account of two cases of Asiatic cholera which have just come under my notice. I trust the importance of the subject will be a sufficient apology for encroaching on your valuable space.

On Monday, 28th inst., at 7 A.M., I was hastily summoned to a lodging-house in the neighbourhood to see a man who it was stated was dying. On my arrival I found the house crowded with Danish emigrants who had disembarked that very morning. I was subsequently informed they are on their way to New Zealand. The man, a labourer aged about 45, was lying on a bench seemingly in great agony. The features were pinched and the hands firmly contracted. The surface of the body was icy cold and covered with a clammy perspiration; pulse imperceptible; vomiting incessant; no abdominal tenderness; pain referred to the transverse colon. He was at once conveyed to bed. Large mustard plasters applied to stomach and hot water to feet. Chlorodyne and brandy administered. Shortly after I was enabled to examine the stools, which presented the characteristic rice-water appearance.

Whilst attending to the man I was informed that a little girl aged nine (and who till within the last few minutes had been playing with her companions) was suddenly seized with symptoms of a similar character. On going down stairs I found her lying on the floor in a state of collapse, with her legs drawn up, and evidently suffering from violent colicky pains. She was taken upstairs and the same treatment adopted.

I was then obliged to leave. On my return I found a considerable amelioration in the man. The pain had subsided with the exception of cramps in the legs, which came on every now and then. He was now principally tormented with thirst, which no amount of liquid seemed to quench. Pulse risen, and warmth in some measure restored. Temp. 94°. Bark and ammonia prescribed. Since then he has been progressing most favourably.

The girl grew rapidly worse. In a short time the body became perfectly cold; the hands contracted, the finger nails assuming a bluish tinge; temp. 93°. In this case there was no vomiting and very little diarrhœa. The colicky pains which marked the outset of the disease had apparently subsided, and with the exception of slight moaning there was no expression of suffering. The pulse gradually became imperceptible, and she finally expired at 2.30 P.M., seven and a half hours after the first seizure.

I am, Sir, your obedient servant,

Minories, July 29, 1873. RICHARD HOLT, M.D.

P.S.—I sent a report of the case to the medical officers of the Privy Council. These gentlemen called upon me this morning and are now engaged in investigating the case.

DR. PARKES'S MANUAL OF HYGIENE.

To the Editor of THE LANCET.

SIR,—The very kind notification in last week's LANCET of the issue of the fourth edition of my Manual of Hygiene encourages me to hope you will allow me a few lines to correct an error at page 641. The deaths from cholera in 1867 at Umballa (lines 12 to 16) are wrongly given: they should be—21st Hussars, 2; 94th Regt., 18; Battery R.H.A., none; Battery R.H.A., 1. The numbers were taken from Dr. Bryden's elaborate tables in his work entitled "Vital Statistics of the Bengal Presidency," a work alike admirable for the industry with which the statistics are collected and for the skill with which they are arranged. After much study of this large book, I can truly say I have hardly ever seen one so free from errors. Unfortunately, however, the sixteenth table of the year 1867 has in some way been wrongly folded, and two pages have been transposed. In copying the numbers I did not notice this displacement, which I ought to have done, as it is quite obvious, and hence the mistake which I now ask you to allow me to rectify. I have cancelled the page in all the copies not yet bound, and have altered it in ink in the copies bound but not sold. A large number (unfortunately as regards this point) have been sold, and, as the error is an important one, I ask to have the advantage of your large circulation to notify the true numbers to those who have already purchased the work.

I am, Sir, yours, &c.,

Royal Victoria Hospital, Netley, July, 1873. E. A. PARKES.

EXTRA-UTERINE FŒTATION.

To the Editor of THE LANCET.

SIR,—Mr. Jonathan Hutchinson, being deservedly an authority on all matters relating to ovariotomy, can scarcely say anything regarding the operation which is not likely to carry weight and to be well founded. I should be glad, therefore, if you would allow me to ask him why, in the case published by him in last Saturday's LANCET, when there were all the indications of severe inflammatory action, after tapping what he believed was an ovarian tumour, he did not make an attempt to remove that tumour immediately on the accession of the serious symptoms. To me it seems that the removal of a cyst in which suppuration has been induced, or which has excited peritonitis, is the accepted practice, and I am sure all ovariotomists would be glad to know if Mr. Hutchinson has any ground of objection to it.

In Mr. Hutchinson's case I do not think anyone could have made a more accurate diagnosis, unless the tapping had been completed and the pelvis subsequently examined, as is usually done after exploratory tappings. But I think it is much to be regretted that Mr. Hutchinson should lend his authoritative support to the do-nothing treatment of so risky a condition as extra-uterine gestation, the more so as all authors since 1860 have advocated just the opposite course, and the performance of the operation on the principles laid down by Kœberlé reduces its risks to within the ordinary mortality of simple abdominal section. All the four cases already published where Kœberlé's practice has been followed have been successful, and the statistics given by Mr. Hutchinson of recovery after discharge of the fœtus by suppuration give about as accurate an idea of the number who have not so recovered as would an inspection of the Army List of 1817 tell us how many men had previously fallen in the Continental wars in which we had been engaged.

I further wish Mr. Hutchinson would tell us on what grounds he regards his case as one of tubal pregnancy which had advanced to the full time. "The uterus was pushed over to the right side and was in close connexion with the walls of the cyst; the left Fallopian tube could be traced for a short distance on the front of the cyst, where it became thinned out and lost," are facts which seem to me to show that his case was one of the ordinary kind—namely, the result of the rupture of the tube at an early stage of pregnancy, when it was really a Fallopian pregnancy, and the subsequent development of the ovum in the retro-uterine cul-de-sac. I have satisfied myself that not a single instance of the so-called Fallopian pregnancies at the full term, recorded in literature to which I have access, really deserves the name.

I am, Sir, your obedient servant,

Birmingham, July 22, 1873. LAWSON TAIT.

VACCINATION AWARDS OR GRANTS.

To the Editor of THE LANCET.

SIR,—Your journal has of late teemed with correspondence on the above head, and no subject requires more ventilation, nor any Act more reformation, than the Vaccination Act, especially as regards the medical men, who, in this, as in most other matters, is made the stalking-horse, or only man called upon to do something for nothing, or a good deal for a little.

Perhaps in a sanitary and national point of view the Act is more efficient than heretofore, but it puts an extra strain upon the medical officer, who, *nolens volens*, is con-

strained to violate his contract with the guardians, because an unrepealed Act enacts that every child shall be vaccinated within three months of age, while (as may be plainly seen in my consulting-room, boldly printed bills circulated also by both boards of guardians) I am covenanted to attend at the respective stations (the surgery being one) twice a year—April and October,—whereas I am virtually compelled to vaccinate out of time, by the constant and almost daily presentation of summonses by mothers who come from two miles and a half to four miles to have their children "wassinated," the summonses having been served upon them by the newly imported inspector, who is made thus vigilant from the simple fact, as I find, that he is paid 1s. 6d. for every case he sends for me to vaccinate at the liberal and uniform prices of 2s. 6d. in one union and 3s. in the other, three-fourths of those at the first price being four miles from my house, and which, except in the delinquencies referred to (and brought to light by the inspector's notice of summons) are done at the station. This, I think, obviously clears up the absolute impossibility for us to serve two masters.

Then comes the question of "defectively kept registers" and the awards. I take my case to be more or less identical with your correspondents, "R. S. P. T.," "R. Q.," "Public Vaccinator," and "W." of this day. And it runs thus:—In July, 1868, I received grants for both my districts, and I must say I expected the same this year, inasmuch as, well and closely as my cases were up then, they have been even more so since, and to the present time.

The inspector, in December last (although he came at a most unfortunately busy time: four o'clock on a short day), examined my books, and caused me, at considerable inconvenience, to drum up from a large straggling village some children for inspection, complimented me thereupon both as to "quality and quantity," but laid some stress upon a certain column in the register being blank.

After waiting some months, reading now and then that Mr. A. B. C. D. and others had received grants, I determined to write to the Local Government Board to inquire the reason it was withheld from me, to which I received reply as follows—viz., "Because the Board's inspector reported that your vaccination registers had been defectively kept and you had failed [a gratuity on his part] to attend regularly at the appointed stations at the times specified in your contracts, the Board found themselves unable to make you an award in respect of vaccination."

Now, Sir, as to the objection of having "failed to attend," &c., I think I have explained this above; and as to the "defectively-kept register," &c., I find this is constituted or refers to column 8, as to the genealogy of the vaccine. This I hold to be obviously and monstrously absurd. I told the inspector so, I wrote the Local Government Board so, and now repeat what I then wrote, that anyone *pretending* to fill up this column must necessarily render doubtful and very unreliable information. We *know* it must be so, in the country especially, from the simple fact that we are constantly exchanging and receiving points by dozens from our neighbouring fraternity, mixed and of course taken from different subjects.

I am so certain of this that, as an honest man, I feel I should hereafter compromise, if not perjure myself, if, for the sake of the grant, I ever attempt to fill up this said column; nay, I would rather forego four times the amount, and row in the same boat with so many others who I know think with me in this, and consider this Privy Council money injudiciously if not unfairly meted out.

"O tempora! O mores!" and I might add, O leges!!

I am, Sir, your obedient servant,

East Rudham, July 19th, 1873. FRED. MANBY.

ON THE SANITARY ARRANGEMENTS IN THE HOP-PICKING DISTRICTS.

To the Editor of THE LANCET.

SIR,—I think you wrong our largest hop-growers by imputing that they do not take sufficient care of their hop-pickers. I live and practise in the largest hop-growing district in the world, and I will give you a short account of how we manage our sanitary arrangements. Nearly all the large growers in the neighbourhood pay me so much each for visiting their premises every day during the hop-picking season. Any case of sickness that may have occurred I visit, and if it has the slightest symptom of infection I immediately order the man whose duty it is to go with me round the hopper houses to communicate with the sanitary officer, and to have the case removed to the infectious ward of the workhouse. I have the house thoroughly lime-washed, Condy's fluid sprinkled about, and the house shut up. The man who is detailed off for this duty is also instructed to remove all filth, and use chloride of lime freely. The guardians also pay me extra to make up large quantities of diarrhœa mixture, which is distributed at convenient places, and can be had gratis by anyone applying for it, and they are also told, "if two or three doses do not check the diarrhœa, to apply for medical aid." Our relieving officers have been sanitary officers, and the one in our district (Mr. Clearer) has been most energetic in working with me; and the result has been, I may say, total suppression of infectious diseases, for we have been most energetic in seizing bad meat and fish. By letting him know where I am at different parts of the day, if he caught a man selling bad meat or fish, he was able to seize, find me, and it was taken before a magistrate, condemned, and destroyed in an incredibly short space of time; and the fearful stuff that I have condemned no one would credit. Last year, by my notes, I find we prosecuted seven delinquents, most of whom were condemned to prison without the option of a fine; the quantity of food was 1575 herrings, 14 cwt. of bacon, pork, &c. In three or four hours the whole of that would have been disseminated through the district, and I need not tell you with what result. But this coming hop-picking, I assure you candidly, I dread. For, advised by Major Cox, Local Government inspector, our guardians have joined with several other unions and appointed a sanitary medical officer, at a salary of £800, which medical officer, to be in the centre of his district, will reside, I should say, about fourteen miles off. The sanitary officer also now has a large district, and his duties must call him a long way off. The result will be that sundry cargoes of diseased food will be sent into our district, I feel sure with the effect of producing a vast amount of sickness to the people, and Heaven knows how much expense to the guardians. I cannot give too much credit to our great hop-growers, Mr. Ellis, Mr. Whitehead, Messrs. Lewis, Mr. Bannerman, Mr. Kennard, Mr. Day, &c., for the care they take of the poor creatures temporarily working for them. I quite agree with you that some of the small hop-growers treat their hoppers like pigs, but to say so of most of the large ones would be a gross libel.

I remain, Sir, your obedient servant,

East Farleigh, July 26th, 1873. EDWARD M. OWENS.

PENCIL-CASE THERMOMETERS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of July 26th your correspondent, Dr. Hilliard, says, "Having seen an advertisement in THE LANCET (July 19th) from Messrs. Salt and Son, of Birmingham, bringing under the notice of the profession a clinical thermometer adapted to the American screw pencil-case, I ask your permission to bring before your readers my claim to priority of invention, as more than two months since I had a thermometer prepared on this plan, but abandoned it." The following letter (No. 1) will substantiate our claims to the invention, proving, as it does, that we produced a sample as early as March 20th, or two months earlier than the date of Dr. Hilliard's claim:—

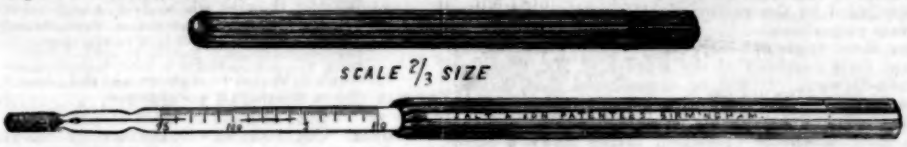
"Albert Works, Graham-street, Birmingham, July 28th, 1873.

"GENTLEMEN,—On referring to your orders, I find that on March 10th you commissioned me to make you a pencil-case thermometer, and made you one on March 20th, when I received your order for one gross.—Yours truly,

"Messrs. Salt and Son." "W. E. WILEY.

Dr. Hilliard, in the same letter, introduces an engraving of a thermometer, in favour of which he discarded the one we adopted. Upon further consideration of our invention, we are perfectly satisfied therewith, being convinced that a comparison with others similar will prove its superiority. The annexed woodcut gives a fair representation of our instrument, which may be described as follows, viz.:—The

thermometer is fixed into an aluminium case, and is propelled and retracted in a manner somewhat similar to the American pencils—viz., by rotating the small end to the right or left respectively; in addition to being portable when sheathed, and long when protruded, the case and thermometer are inseparable; the shape of the case (fluted)



prevents it from rolling off the table; and as, when retracted, the thermometer is wholly within the case, it is protected from being broken when the index is being replaced. The instrument is neat in appearance and convenient for the waistcoat pocket or the ordinary dressing-case.

In support of the preference we give to our thermometer we invite attention to the following letter (No. 2), received from Dr. Balthazar Foster, one of the physicians to the General Hospital, Birmingham:—

"GENTLEMEN,—I have examined the pencil-case thermometer invented by you, and I consider the mechanism very ingenious. I have tested the instrument, and I am sure that the union of the thermometer with the case will be found a great advantage to the physician in investigating the temperature of the cavities, and will prevent many of the accidents which occur with the short clinical thermometers in separate cases.—Yours truly, B. W. FOSTER."

Thanking you for your courtesy, we are, Sir, faithfully yours, SALT AND SON.

Bull-street, Birmingham, July 29th, 1873.

To the Editor of THE LANCET.

SIR,—Our attention has been called to an advertisement in your paper which relates to a clinical thermometer which the makers therein describe as "the only instrument of that character fastened to its case, and as possessing special advantages in being easily propelled and retracted."

We beg leave to state in your columns that we are the patentees of an improved clinical thermometer, number of patent 2371, which possesses the desirable advantages of a small protecting case, of being readily propelled and withdrawn by the novel contrivance of a screw, which externally presents small flattened surfaces which effectively prevent the instrument rolling when placed on the table, affords length when protruded so as to admit of use with little inconvenience to the patient if in bed, is fastened to the case but can be easily removed therefrom if desired, is readily withdrawn by the reverse action of the screw, and is safely protected by the case for carrying in pocket or case.

We are Sir, your obedient servants,

MAYER AND MELTZER.

To the Editor of THE LANCET.

SIR,—In your impression of to-day we notice a letter from Dr. Hilliard, describing a new form of thermometer which he claims to have originated, and which has been registered. We are quite sure that Dr. Hilliard was not aware that this form of thermometer had been already manufactured by us, or he would certainly not have taken

the trouble and incurred the expense of obtaining a document which for all commercial purposes is merely waste paper. We beg to enclose a cut of our instrument, which we rely on your well-known impartiality to publish with this letter.

Your obedient servants,

MATTHEWS BROTHERS.

Portugal-street, London, W.C., July 26, 1873.

POISONOUS FRUIT.

To the Editor of THE LANCET.

SIR,—Having read in your correspondence column of Saturday last a letter headed "Poisonous Fruit" signed John Harker, M.D., &c.; I take the liberty of inserting the following, which, perhaps may interest that gentleman.

The fruit in question, I presume, is the produce of the Arachis hypogœa or ground nut, Nat. Ord. Leguminosæ, and is extensively cultivated on the Western Coast of Africa, where it constitutes a large proportion of the food of the negro inhabitants; the native name is Munduli.

I have eaten handfuls of these nuts on different occasions, but *never* experienced any evil result.

Nevertheless, should the nut be diseased, in all probability its physiological action might be materially altered.

Believe me, Sir, your obedient servant,

West Bromwich, July 21st, 1873. H. W. THOMAS.

IRELAND.

(*From our own Correspondent.*)

THE Irish medical schools, which so largely recruit the ranks of the Army Medical Service, appear to be inclined to exhibit their disapprobation of the late Warrant by holding aloof from the examination announced for the 11th of August. Already many of the best men have expressed their determination that they will not present themselves for examination until the Warrant be reconsidered and remodeled so as to meet the approval of the profession and the service, and it is said that some of the schools have withdrawn their candidates altogether. There is a strong feeling abroad that the professors and teachers, the representatives of the various schools, should hold a meeting at which the real state of the case might be discussed and explained. Some candidates, of course, will present themselves for obvious reasons. Their position, however, will not be an enviable one, and the introduction of a number of mediocre men will be but a sorry method of keeping up the standard of such an important service.

Our precautions against cholera are going on as usual. Certain of the authorities recommend that on its advent the cases should be spread about the city amongst the various hospitals; others recommend the erection of a special hospital. The inhabitants in the neighbourhood of the proposed sites, however, object. A site was obtained on some slob land on the way to Pigeon House Fort, near where the Dublin militia were encamped last year, when they all but had cholera, and were obliged to be removed on account of the nature of the material of which the slob was composed. The commander of the forces, Lord Sandhurst, has communicated to the Joint Committee of the North and South Dublin Unions, the Public Health Committee, and the Under Secretary, to the effect that, to erect a temporary lazaretto on such ground is calculated to produce the very evil desired to be warded off, that he is inclined to think that the argument is being pursued in the dark, that the matter in question is of very great importance if practical execution is in any manner to be given to it, and that it is one demanding Government deliberation and direction. This out-spoken opinion from so high an authority may cause the serious direction of the attention of the Local Government Board to this matter. It may in time occur to someone that a hospital ship moored in the bay might obviate some of the difficulties that at present exist.

A Bill has been issued this week to amend the Sanitary Act of 1866, as it relates to Ireland, which enacts that any

expenses incurred by a Port Nuisance Authority in carrying into effect the Sanitary Act shall, in case the Local Government Board so direct, be defrayed out of a common fund to be contributed by the various riparian nuisance districts in certain proportions.

After three trials Sub-inspector of Police Montgomery has just been convicted of the murder of Mr. Glass, at Newtown-Stewart. It will be remembered that, having broken in the clerk's skull with a chopper, he inserted a heavy office file into his ear, and broke up the brain, after which he decamped, taking away a large quantity of notes and gold out of the bank. The evidence was circumstantial, but its chain was wound so closely round the wretched man that he could not escape. After the jury returned their verdict the prisoner confessed his guilt in a rambling speech, in which he said that he had been insane for twelve months before the murder, and took the opportunity to assail his unhappy wife and her relations by attributing this condition of his mind to his having been drugged and poisoned at the house of his wife's uncle. He was sentenced to be hanged on August 26th.

Dublin, July 30th, 1873.

PARLIAMENTARY INTELLIGENCE.

THE RECENT ARMY MEDICAL WARRANT.

Mr. D. DALRYMPLE asked the Secretary of State for War whether he had been able to give the attentive consideration he promised to the representations made to him by the Parliamentary Bills Committee of the British Medical Association and other bodies on behalf of the army medical officers affected by the recent Army Medical Warrant, and what the result of that consideration was.

Mr. CARDWELL.—The subject, which is one of much detail, has undergone careful consideration in the department, but I have not yet been able so far to consider it as to submit the result to the Treasury, which is a necessary preliminary to the submission of any modifications of the Warrant for the sanction of the Queen. No time shall be lost in taking the necessary steps, and an answer shall be returned without any unnecessary delay.

ASSISTANT NAVY SURGEONS.

In answer to Sir D. CORRIGAN,

Mr. GOSCHEN said the Admiralty had full power to retain the services of assistant-surgeons in the Royal Navy, but exercised the power with a certain amount of discretion. When a young man had gone through a course of instruction at the Netley Hospital he could not be permitted to retire until he had rendered an adequate amount of public service.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following list of officers, nominated by the Council, were elected on Thursday:—Censors: Dr. Basham, Dr. Fincham, Dr. J. W. Ogle, and Dr. Habershon. Treasurer: Dr. F. J. Farre. Registrar: Dr. Pitman. Harveian Librarian: Dr. Munk. Examiners—Anatomy and Physiology: Dr. Burdon-Sanderson and Dr. George Harley. Chemistry, Materia Medica, and Practical Pharmacy: Dr. W. H. Dickinson and Dr. Thomas Stevenson. Medical Anatomy and the Principles and Practice of Medicine: Dr. George Johnson and Dr. A. W. Barclay. Midwifery and the Diseases peculiar to Women: Dr. John Clarke and Dr. W. S. Playfair. Surgical Anatomy and the Principles and Practice of Surgery: Mr. Callender and Mr. Jonathan Hutchinson.

The following gentlemen were elected Fellows on Thursday, July 21st:—

Cameron, John, M.D. Glasg., Liverpool.
Christie, Thomas Beath, M.D. St. And., Ealing.
Coates, Charles, M.D. Aberd., Bath.
Beddoe, John, M.D. Edin., Clifton.
Bazzard, Thomas, M.D. Lond., Grosvenor-street.
Dickson, Sir Joseph Ritchie Lyon, M.D. Malta, Teheran, Persia.
Duffin, Alfred Baynard, M.D. Edin., Devonshire-street.
Durrant, Christopher Mercer, M.D., Ipswich.
Eade, Peter, M.D. Lond., Norwich.
Eatwell, W. Coverdale Beaty, M.D. Glas., Hanover-square.
Elliot, Robert, M.D. Edin., Carlisle.
Foster, Balthazar Walter, M.D. Erlang., Birmingham.
Hall, Alfred, M.D. Edin., Brighton.
Meadows, Alfred, M.D. Lond., George-street, Hanover-square.
Moon, Henry, M.D. St. And., Brighton.
Payne, Joseph Frank, M.B. Oxon., Savile-row.
Philipson, George Hare, M.D. Cantab., Newcastle-on-Tyne.
Powell, Richard Douglas, M.D., Henrietta-street.
Sutro, Sigismund, M.D. Munich, Finsbury-square.
Webb, Francis Cornelius, M.D. Edin., Woburn-place.
Whipham, Thomas Tillyer, M.B. Oxon., Green-street.
Wilson, William, M.D. Gott., Florence.
Williams, William White, M.D. St. And., Cheltenham.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were admitted Members of the College during last week:—

Adams, James, M.B. Aberd., Kingsbridge, Devon.
Archer, Edmund Lewis, L.S.A., Highgate.
Atkins, Francis T., L.R.C.P. Edin., Plumstead, Kent.
Badhurjee, Rustamjee C., Bombay.
Balding, Mortimer, M.B. Cantab., Barkway, near Royston
Baly, William, Exeter.
Barrow, Frederick, L.S.A., Holloway.
Batterbury, George Henry, Haverstock-hill.
Bennett, William Henry, Sloane-street, Chelsea.
Beresford, William Hugh, Westbourne-park-road.
Berry, William, L.R.C.P. Edin., Wigan.
Bevan, John P., New-cross.
Bindley, Philip Henry, Birmingham.
Boodle, Robert Maxwell, Highbury.
Booth, Philip L., Manchester.
Brodribb, Charles A., L.S.A., Newton-road.
Burgess, Edward John, Brentwood, Essex.
Burn, George Wilson, L.S.A., Fleet-street.
Carline, William A., Lincoln.
Cash, Alfred M., M.B. Edin., Edinburgh.
Cassan, Theodore, Lewisham.
Cheese, Frederick, Newport, Monmouthshire.
Chetwood, William, L.R.C.P., Waltham Abbey, Essex.
Clarke, George M. K., L.S.A., Gerrard-street, Soho-square.
Comins, Dennis W. D., Witheridge, North Devon.
Councillor, William P., L.K.Q.C.P. Irel., Whalley, Lancashire.
Craven, Robert Musgrave, Southport.
Daniel, James, L.K.Q.C.P. Irel., Harpurhey.
Davies, John, Kington, Herefordshire.
Davies, Lewis, Llandyssil, Cardiganshire.
Davis, Edwin H., Dorchester.
Davis, Harry, Callington, Cornwall.
Dobson, Joseph, L.S.A., Leeds.
Eales, Henry, Ycalhampton, Devon.
Ellis, Herbert M., Chudleigh, Devon.
English, Thomas J., L.S.A., Fulham-road.
Fenn, Charles Draper, L.S.A., Newmarket, Cambridgeshire.
Fox, Charles Allen, Stoke Newington.
Gabb, James E., Dowdeswell, Gloucestershire.
Gaunt, John Penn, Alvechurch, Worcester.
Gould, Alfred Pearse, Norwich.
Greenwood, John William, Preston, Lancashire.
Gunn, Robert M., M.D. Edin., Sackville-street.
Hallett, Henry Archer, M.B. Aberd., Banchory, N.B.
Harricks, John Hugh, Liverpool.
Hartley, Charles, Stocking-Pelham, Herts.
Hewetson, Henry B., Leeds.
Hicks, Edward J. W., George-street, Hanover-square.
Hills, Thomas Hyde, Maidstone.
Holden, Lonsdale A., Durham.
Howe, Lucien, M.D. New York, Harrodsburg, Kentucky.
Hughes, Richard D., Aberystwith, South Wales.
Humphreys, Robert William, Carnarvon.
Hutchings, Arthur Carey, Alderbury, Wilts.
Jackson, Henry, L.S.A., Great Torrington, Devon.
Jelley, Richard, L.S.A., Elton, near Peterborough.
Jennings, John Downs, Tamworth.
Jennings, William O., L.S., Bedford-row.
Johnson, Cottingham G., L.S.A., Clapham.
Johnson, Francis, Brigg, Lincolnshire.
Jones, Charles G., Cardigan.
Jones, James T., Tredegar, Monmouthshire.
Jones, Thomas C., Dalston.
Joynes, Francis J., L.S.A., Chipping Norton.
Keates, William C., Peckham-rye.
Keer, George Edwardes, Wickham Market.
Keetley, Charles R. B., L.R.C.P., Cleethorpe, Grimsby.
Kershaw, Alfred, Bolton, Lancashire.
Kershaw, Robert, Hampstead.
Khory, Cursetjee Framjee, Bombay.
Kingsford, Percival, L.S.A., Royal Free Hospital.
Kitchen, Charles F. H., L.R.C.P., Manchester.
Lee, Edmund, L.R.C.P. Edin., Manchester.
Leftwich, Ralph W., M.B. Aberd., Holloway.
Leonard, John, Sheffield.
Lyons, Alfred de C., Wednesbury.
Mackinlay, James E. H., Kensington.
Mahon, Edward E., Aspley Guise, Bedfordshire.
Manser, Robert, L.S.A., Chatham.
Martin, Richard J., L.S.A., Manchester.
Mears, Robert, L.R.C.P., Atherstone, Warwickshire.
Messiter, Matthew A., Burton-on-Trent.
Mills, Joseph, Andover, Hants.
M'Kay, Henry Kellock, L.S.A., Guy's Hospital.
Nicholls, Henry A. A., M.B. Aberd., Kings-and-road.
Packman, Augustus T. V., L.S.A., Sheffield.
Page, Herbert M., Birmingham.
Paley, James H., Honduras-terrace.
Palmer, Frederick J. M., L.R.C.P., Old Kent-road.
Parkinson, Richard Thomas, Manchester.

Paul, Frank Thomas, Pentney, Norfolk.
Penny, William I., M.B. Cantab., Bridgefield.
Pickles, John Jagger, Halifax.
Reckless, Alfred, Sheffield.
Riding, Edwin, Liverpool.
Satchell, Walter A., Argyll road, Kensington.
Sherwood, Arthur Paul, Reading, Berks.
Skerritt, Edward Markham, Wokingham, Berkshire.
Smith, James, Newcastle-on-Tyne.
Sparrow, William C., Dublin.
Spicer, John, Adelaide, South Australia.
Standfield, George S., Bacup, Lancashire.
Stericker, William, L.S.A., Brompton, Yorkshire.
Stephens, Augustus E. R., Chatham.
Strugnell, Frederick W., Kilburn.
Sturge, William A., Bristol.
Taylor, Christopher M., Wragby, Lincolnshire.
Torbock, William H., M.D., Darlington.
Tucker, Robert G., Shrewsbury.
Vawdrey, Theophilus G., St. Austell.
Verdon, Henry Walter, Eccles, near Manchester.
Wear, Arthur Taylor, Newcastle-on-Tyne.
Wherry, George Edward, Bourne, Lincoln.
Whittingham, George W., Rutland-street.
Williams, Trevor W. W., L.S.A., Montagu-square.
Wilson, John Smith, Aberdeen.
Wilson, Samuel, South Shields.
Wilson, William Teasdale, Newcastle-on-Tyne.
Woodforde, Alfred P., Clevedon, Somerset.
Wreford, Samuel, Exeter.
Young, Ralph, L.M. Durham, Bishop Auckland.

Of the 173 candidates who were examined last week, 40 failed to satisfy the Court of Examiners, and were referred to their professional studies for six months. This is the last examination for the Membership of the College for the session.—The following gentlemen passed the primary examination in Anatomy and Physiology on July 17th:—

H. D. Pearce, L. A. Barrow, G. W. Parkinson, C. A. Jones, and E. J. Lequesne, St. Bartholomew's Hospital; J. F. J. Sykes, A. C. Routh, T. C. Barlow, A. D. Bronchley, W. H. Coates, A. G. Lacy, and F. C. Coley, Guy's Hospital; C. W. Boss, F. Collins, A. de B. Watteville, G. H. Lilly, J. H. Thomas, and M. W. Traill, University College; H. L. Bernays and R. Maples, St. Thomas's Hospital; A. J. Gardner, Leeds; R. A. Gibbons, Edinburgh; W. J. Miskelly, Liverpool; J. E. Norman, Aberdeen; F. C. Palmer, Bristol.

Of the 113 candidates examined on July 15th, 16th, and 17th, 56 failed to satisfy the Court of Examiners, and were referred for three months' further anatomical and physiological study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 24th:—

Chaple, Charles, Burdett-road.
Deakin, C. Washington Shirley, Kingstone Grange, Hereford.
Drake, Arthur John, Kingsclere, Bucks.
Eskell, Maurice Clifford, Grosvenor-st., Grosvenor-sq.

The following gentlemen also on the same day passed their Primary Professional Examination:—

James John Frederick Barnes, Westminster Hospital; William Marden Beaumont, Middlesex Hospital; Frederick William Richard Romano, Guy's Hospital.

PRESENTATION.—An interesting presentation took place at Downton, near Salisbury, on the 26th ult., on the occasion of Mr. Richard T. Cæsar, M.R.C.S., L.S.A., leaving the locality. Mr. Cæsar has practised at Downton for the last ten years, but in consequence of ill-health is now compelled to relinquish practice and seek change of climate. The presentation was made by the Rev. R. Payne, the rector, and consisted of a purse of 50 guineas and very handsome silver services, with an inscription that "No acknowledgment could be too great in return for the time and talent ungrudgingly devoted by this gentleman in promoting the welfare of the parish generally."

QUEKETT MICROSCOPICAL CLUB. — The eighth annual general meeting was held on Friday evening last, July 25, at University College, Gower-street, Dr. Braithwaite, F.L.S., F.R.M.S., President, in the chair. The report of the committee for the past year was read, and testified to the continued prosperity of the club, which now numbers 570 members. The President delivered the annual address, in the course of which he noticed the progress of microscopical investigation in botany and zoology. The ballot then took place for the election of officers. Dr. Braithwaite was re-elected president; Dr. Matthews, Messrs. B. T. Lowne, T. W. Burr, and C. F. White, vice-presidents; and Messrs. Bywater, Crisp, Hailes, Hind, Waller, and T. C. White, were elected to fill the six vacancies on the committee. Mr. J. E. Ingpen succeeded Mr. T. C. White, who retires from the office of hon. secretary, owing to increase of his professional duties, after four years of unremitting and valuable service. The proceedings terminated with the usual conversazione.

Medical Appointments.

ASHBY, A., M.B.Lond., F.R.C.S., has been appointed Medical Officer of Health for the Rural Sanitary Districts of the Grantham, Newark, and Sleaford Unions, and the Grantham, Little Gonerby, Newark-upon-Trent, Sleaford, and Ruskington Urban Sanitary Districts.

BRUCE, W., M.D., has been appointed Medical Officer for the Parish of Reay, Caithness-shire, vice Mill, deceased.

CARR, H., M.D., has been appointed an Attending Medical Officer to the Provident Medical Institution and Lying-in Charity, Pimlico-road, vice O'Neill.

DAVIES, W., M.R.C.S.Eng., L.S.A.Lond., has been appointed Assistant Medical Officer to the Northumberland Lunatic Asylum, Morpeth, vice Menson, resigned.

DOUGLAS, M., M.R.C.S.Eng., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Port of Sunderland.

ELLERY, Dr. R., has been appointed Medical Officer of Health for No. 1 District, Plympton St. Mary Union.

FORSYTH, E. W., M.R.C.S.Eng., L.S.A.Lond., has been appointed an Hon. Surgeon to the Prudhoe Memorial Convalescent Home, Whitley, Northumberland, vice Bramwell, resigned.

GARRARD, W. A., M.R.C.S.Eng., L.S.A.Lond., has been appointed Resident House-Surgeon to the Rotherham Hospital and Dispensary, vice Pearce, resigned.

LAKIN, C., L.R.C.P., L.M., has been appointed Medical Officer to Court Prince of the Forest of the Ancient Order of Foresters at Leicester.

LEE, E. S., M.R.C.S.Eng., has been appointed Medical Officer to the St. George Dispensary, Mount-street, Grosvenor-square.

MOORE, S.W., L.R.C.P. and L.R.C.S.Edin., L.S.A.Lond., has been appointed Visiting Surgeon to the London Temperance Infirmary, Gower-street.

MORGAN, W. L., L.R.C.P.Lond., M.R.C.S., has been appointed House-Surgeon to the London Hospital.

NICHOLL, D. C., L.R.C.P.Edin., M.R.C.S.Eng., has been appointed Medical Officer for District No. 7 of the Wisbeach Union.

RIDGE, J. J., M.D.Lond., has been appointed Visiting Physician to the London Temperance Infirmary, Gower-street.

PLEYTE, J. M., M.R.C.S.Eng., has been appointed House-Surgeon and Secretary to the Royal Isle of Wight Infirmary, Ryde.

RUTHERFORD, R. A., L.R.C.P.Edin., L.R.C.S.Edin., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Manorhamilton Dispensary District of the Manorhamilton Union, Co. Leitrim, vice Davis, resigned.

SHEARMAN, W. M., L.R.C.P.Edin., M.R.C.S.Eng., has been appointed Certifying Factory Surgeon for Swinton, Manchester, vice Parr, deceased.

SUTCLIFF, J. H., M.R.C.S.Eng., L.S.A.Lond., has been appointed Medical Officer and Public Vaccinator for the Horsley District of the Guildford Union, Surrey, vice Eager, deceased.

WEBB, W., M.D., F.R.C.S.Eng. and Edin., has been appointed Certifying Surgeon under the Factories Act for the Factories at Wirksworth, Cromford, Matlock Bath, Lea, and Bonsall, in the county of Derby, vice William Cantrell, F.R.C.S., resigned.

YELD, H. I., M.D., M.R.C.S.Eng., has been appointed Medical Officer of Health for the Port of Sunderland.

Births, Marriages, and Deaths.

BIRTHS.

ANDERSON.—On the 28th ult., Elizabeth Garrett-Anderson, M.D., of Upper Berkeley-street, of a daughter.

CHALMERS.—On the 21st ult., at South Apsley-place, Glasgow, the wife of James Chalmers, M.D., of a daughter.

ELLERY.—On the 20th ult., at Plympton, Devon, the wife of R. Ellery, L.R.C.P.Ed., of a daughter.

HARLEY.—On the 24th ult., at Saffron Walden, the wife of Edward Harley, L.R.C.P.Lond., of a daughter.

JACOB.—On the 24th ult., at Harcourt-street, Dublin, the wife of Archibald Hamilton Jacob, M.D., F.R.C.S.I., of a daughter.

MIDDLETON.—On the 23rd ult., at Stow, N.B., the wife of James Middleton, M.D., of Manorhead, of a daughter.

VEALE.—On the 22nd ult., at Dover, the wife of Surgeon-Major Veale, M.D., Army Medical Department, of a son.

MARRIAGES.

DREW—THOMPSON.—On the 23rd ult., at Christ Church, Brondesbury, Dr. Walter Henry Drew, of Gower-street, to Edith Emma, daughter of William Thompson, Esq.

HALL—WILLIAMS.—On the 22nd ult., at the Parish Church, Blore, Staffordshire, James Thomas Hall, L.R.C.P.Lond., M.R.C.S.Eng., to Mary Jane, daughter of William Williams, Esq.

DEATHS.

BRIDGE.—On the 23rd ult., Alexander Bridge, M.R.C.P.Lond., of Argyll-place, aged 49.

CHRISTIE.—On the 16th ult., at Perth, Johnstone Christie, M.D., retired Surgeon R.N., of Huntly, Aberdeenshire, aged 81.

COOKE.—On the 22nd ult., at his residence, Pontypridd, Wm. Walter Cooke, M.R.C.S. and L.R.C.P., aged 58.

FULLER.—On the 28th ult., Hugh Pitter Fuller, M.R.C.S.Eng., of Abbeyrood, St. John's-wood, aged 60.

JOHNSTONE.—On the 23rd ult., at Brighouse, George Johnstone, M.D., aged 33.

PRICE.—On the 22nd ult., Henry W. Price, M.R.C.S.Eng., of Park-square, Leeds, aged 52.

SHILLITOE.—On the 4th ult., at Birch Mount, Sydenham Hill, Ernest Buxton Shillitoe, aged 17, eldest son of Buxton Shillitoe, F.R.C.S.Eng., of Finsbury-circus.

SINCLAIR.—On the 23rd ult., Donald Sinclair, M.D., of Lyndhurst-road, Peckham, aged 68.

WARD.—On the 22nd ult., William Ward, M.D., of Huntingdon, aged 73.

Notes, Short Comments, and Answers to Correspondents.

HEALTH OFFICERS IN THE POTTERIES.

WE much regret that our remarks on this subject a fortnight ago have given offence to two medical officers of health in the Potteries districts, who consider that our observations lead to the inference that they are not "experienced and energetic" in the performance of their duties. The correctness of the facts quoted by us these gentlemen admit, while they entirely misapprehend our motive in commenting on the subject—that being simply to direct attention to what one of our correspondents, Dr. Walker, of Hanley, justly calls "the inverse relation of work and pay," of which he says "all are sensible." Well, are not we in the interests of the profession bound to desire to see that relation put on a proper footing? And is not the fact which we quoted of the Chairman of the Fenton Sanitary Committee expressing his unwillingness to call upon the medical officer to undertake work very necessary to be done, so long as he was paid such a "paltry salary," a sufficient justification for our saying that the health officers, "in some cases at least," were not paid "at a rate to secure adequate service"? If our correspondents will reconsider our remarks, we trust they will be able to discover in them a more friendly motive than they have hitherto imagined. At any rate we can assure them that it is precisely because we *do* consider inadequate pay to health officers as "a criterion of the value which town councils place upon sanitary science" that we so often lift up our voice upon the subject; not with any design to detract from the merits of badly paid men, but contrariwise to shame their paymasters into a sense of duty. Dr. Walker's letter we would print but for the heavy calls upon our space just now. The evidence he gives of the work he is doing and has done shows—what we never for a moment intended to suggest a doubt about—that he is thoroughly "experienced and energetic," and we sincerely trust that his sanitary authority will very soon arrive at one conclusion with ourselves: namely, that he deserves better pay.

Mr. Joseph Eagleton, (Cosely, Bilston.)—Zoology: Nicholson's Text-book. Chemistry: Roscoe. Botany: Henfrey. Mechanics and Natural Philosophy: Newth; Everitt's translation of Deschanel.

Dr. John Williams's paper on the "Physiological Changes in the Position of the Healthy Unimpregnated Uterus" shall appear next week.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES.

To the Editor of THE LANCET.

SIR,—Capt. Mercier, in a letter which you inserted from him last week, states "that even the baths of which you (the Editor) speak as being in existence at University College Hospital were introduced there by a medical man who had himself studied diseases of the skin at St. John's, and that, therefore, the very improvement in the one general hospital, which you admit as absolutely necessary for the proper treatment of those (skin) affections, really emanated from St. John's."

I cannot let such a statement pass unnoticed, and hope that you will allow me to say that it is utterly without foundation. During the time that I was connected with St. John's Hospital I never saw there anything in the shape of a bath even of the simplest kind, nor gained any knowledge or hints whatever as to the value of baths. I was stimulated by the existence of baths at the St. Louis in Paris, and by a knowledge of what had been accomplished in a small way at the Epileptic Hospital in Queen-square, in the attempt I made to provide the baths which now exist at University College Hospital; and considering that these latter baths contain several novelties of construction and arrangement, they must be allowed to be in part unique, and not copies of baths elsewhere. They can in no sense nor by any stretch of imagination be said to have "really emanated from St. John's."

As I have neither time nor inclination for medical polemics, I do not refer to many other inaccurate statements made by Capt. Mercier, and indeed it is unnecessary after your remarks. But I wish to point out that at the time I was connected with St. John's the existence of special skin hospitals was justified, with good reason, on the ground that the general hospitals had refused to institute special departments for the treatment and teaching of skin diseases. But no such argument avails Capt. Mercier now. When Mr. Erasmus Wilson, Dr. Frodsham, and I joined St. John's on its removal to Leicester-square, we were actuated by two chief, among other, reasons—the one, the desire to avoid multiplying special skin hospitals unnecessarily; and the other (which we regarded as of prime importance), the intention of compelling the general hospitals to hasten onward the creation of special skin departments. I believe that our action did really accomplish the latter event, and when that happened I ceased to belong to the special hospital. The moment an appointment offered itself at Charing-cross Hospital I applied for it, and left the special hospital. To the extent indicated I believe the establishment of St. John's Hospital in Leicester-square did indirectly good service; but it did this at an expenditure of public money which would be wholly unjustifiable now.

Lastly, I must object to Capt. Mercier's averment that skin diseases are "nationally uncared for" in England, and his insinuation that students cannot acquire a perfect knowledge of skin diseases in London. This I emphatically deny. I know the good teaching work done at the several London hospitals by my dermatological colleagues, and if students don't learn skin diseases it is their own fault. I agree with you that it is of no use for a student to go to France or Germany to *learn* English skin diseases. I admit that the addition of a few more "skin beds" in our general hospitals is desirable; but I am sure that the mass of skin cases can be treated as well out of as in hospital.

Your faithful servant,

Harley-street, July, 1873. TILBURY FOX.

NEW MODE OF ADMINISTERING COD-LIVER OIL.

NUMEROUS attempts have been made to render cod-liver oil less disagreeable, either by gelatinising or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with *bread*. Each pound of bread contains a little more than two ounces of the oil or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which altogether weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital in Paris, 34 small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.

Lugdunensis.—There was, ever since the revival of letters, an intimate academic interchange between Great Britain (particularly Scotland) and Holland. Medico-military service in the Dutch army was a common career for the British surgeon.

A Subscriber has omitted to enclose his name and address. He had better send a private note to the gentleman in question.

GEOPHAGIE OR DIRT-EATING.

To the Editor of THE LANCET.

SIR,—In your journal of December 7th last appeared a paragraph on the above subject. I venture to offer the following remarks as a further illustration of the practice of earth-eating among people when peculiarly situated.

I first met with an incorrigible habit of earth-eating among some immigrant children in Assam during the year 1866. They would put away wholesome food, and stuff themselves with earth like elephants when in certain periodic conditions. What took place in Assam in this way during the above year was very insignificant compared to what happened in Orissa among the famine-stricken community. The superintendent of one of the orphanages established by Government for the succour of the deserted and neglected children of the place informed me not long ago that earth-eating was very common among these children. They appeared apathetic and indifferent about themselves; they would put aside good wholesome food, saying that it had no taste, whereas a handful of earth had an agreeable flavour for them. Some of the children were overheard, while they were talking about earth-eating one day, to say that earth from a white-ant-hill was nicer and had a better taste than any other sort. Oh! could they but go out and get a little of that without being caught. White-ant-hill earth is more uniform than the usual soil near, and no doubt has a good deal of the insects' secretions mixed with it, to which its superior relish is due. The effect upon the children was bad; their stomachs became distended, and they appeared listless and wretched. An attack of diarrhœa or dysentery would supervene, from which, sooner or later, they would die. There was hardly a case where a boy or a girl who had once fairly taken to earth-eating was cured of the habit and recovered.

During the trying times of 1865-6 a vast number of the poor people of the Province of Orissa sought to relieve the craving of hunger by gnawing roots, &c.; while their children, who were not equal to the exertion of digging for roots, allayed their distress by eating earth; and many of these children were taken into the orphanages, where, in spite of the most assiduous care and attention on the part of the missionaries in charge of them, they persisted in the habit of earth-eating, and with the results mentioned.

Earth-eating by elephants is not necessarily a sign that the animals are ill-provided; they do not do it often. Usually an elephant eats a large quantity of earth for a day or two at stated intervals, merely as a purgative; but if he takes to eating earth day after day, although it will be only a little at a time, it is a tolerably sure sign of the animal being in a bad way, and suffering from a hydatidiform disease of the liver. I strongly suspect that a similar condition of things takes place in man. It happens, however, that I have not had an opportunity of verifying the supposition as regards human beings as yet like what I have had in the case of elephants.

I remain, Sir, yours, &c.,

Pooree, Orissa, Feb. 16th, 1873. JOHN MEREDITH, M.D.

Mr. H. Lucas.—The size and stature of every animal, man included, are limited by internal conditions, present even in the embryo, and acting throughout life: but whether any animal reaches its maximum size is dependent upon external conditions, such as food, air, and exercise. Bishop Berkeley, we have somewhere read, though we are unable to give the reference, once undertook to *make* a tall man, and succeeded. We can imagine that steady extension of the body and legs, after the fashion in which fractures of the thigh are sometimes treated, might, especially if employed in childhood, cause some increase in length were other conditions favourable.

D. M. R.—Beale's ophthalmoscope is a useful instrument; but it is rather malodorous unless carefully trimmed. Most things can be made out with a wax candle and the ordinary hand ophthalmoscope.

METROPOLITAN HOSPITALITY.

To the Editor of THE LANCET.

SIR,—Agreeing with you as to the good taste of the "whip" on the subject of metropolitan hospitality sent out by the Entertainment Committee of the British Medical Association, I have quietly ignored it, and have endeavoured to show as much hospitality to my provincial friends as I can in my own humble way. May I venture to point out in your columns how much these efforts have been embarrassed by the apparent want of attention—I will not say courtesy—on the part of country gentlemen in delaying their replies for many days? I make this appeal for others as well as myself, and am,

Yours obediently,

July 30th, 1873. UBIQUUS.

A DISCONTENTED ARMY.

THE discontent that prevails among army medical officers seems to be only part and parcel of a widespread feeling of the same kind among army officers generally. On the motion of Sir John Pakington, a return has been laid upon the table of the House of Commons of the number of officers of the army who have memorialised H.R.H. the Commander-in-Chief with reference to their position and prospects consequent upon the abolition of purchase, with a copy of all covering letters from the generals commanding districts forwarding these memorials. Communications have been received from general officers at home and abroad, and these give expression to statements as to the prevalence of a strong feeling of discontent and dissatisfaction amongst the mass of regimental officers. Thanks to the Duke of Richmond and the House of Lords, the object of their desires is to be gratified—a full and impartial inquiry is to be instituted into their grievances. Altogether the present Government, when going to the country at the next election, will have to appeal to their good intentions rather than to any satisfaction which their military reforms have created in the army.

Turseltinus, (Bury St. Edmunds.)—Grote certainly exaggerated when he told Dean Milman that "one of the best specimens of modern Latin is the Preface to Linnæus's "System of Nature." It would bear the test of modern criticism even less thoroughly than Bacon's "Novum Organum."

THE MEDICAL COLLEGE, EPSOM.

To the Editor of THE LANCET.

SIR,—I think it scarcely fair to the authorities of the College that the letter in your issue of July 12th, signed "An Oxonian and Old Epsomian," should be allowed to pass unnoticed, and I therefore hope that you will find space for a few lines in answer.

Having been a prefect at Epsom for two years, and a member of the school for seven years previous to the present date, I have had considerable opportunity of observing the state of the "cuisine department," and I should most decidedly believe that the quality of food of late has been much better than in former times. It seems to me that your correspondent has written his letter without having ascertained the facts of the case; for not only does he run down the food, but he implies that the Council do not visit the dining-hall now as they did "in the time of our respected founder," which is an entire mistake, since during the last term several members of the Council have two or three times visited the hall. The writer says he has "good reason to believe" in this serious change for the worse; but as he does not give his authority we may fairly infer that his information on this subject has been obtained from as reliable a source as the statement that the Council have ceased to pay us their usual visits. *Tempora mutantur* indeed, but, I am glad to say, in the opposite way to which his casual observance has led him to suppose.

As your correspondent does not favour your readers with his name, no one, of course, can conjecture to what seven years he alludes, although, as he is now an Oxonian, it is probable that it was not at a very distant period. At any rate I have no doubt that if he would kindly oblige me with the date of his school career, I could refresh his memory with instances of complaints concerning the food during that time; but at present, as he hides his mistakes under a *non de plume*, I must wait for further information.

I remain, Sir, yours truly,

Farnham, July, 1873. E. SLOMAN.

To the Editor of THE LANCET.

SIR,—The complaint about food is not new, and I hoped the letter of the 12th would have elicited some further confirmation of the fact. I know we must make some allowances for school-boys' grumbles.

Is it true that the bread is sometimes so stale that it is soaked before being sent to table? That the compound sent in as cocoa for breakfast is a very questionable one? That the potatoes at the beginning of the term were very bad, and but few could be eaten? That up to the end of the past term new potatoes had been had only three times, rice having been the substitute, and that the boys were sick of it? That the boys are punished for leaving any part of their food, that no inquiry is made, and a boy is kept in, or his pocket-money stopped, when a mere question would prove the boy's inability to eat?

I have a few more questions to ask as to the frequent canings and other innovations in the school, but which I must defer for the present.

I remain, Sir, yours truly,

July, 1873. H. S.

*** We insert the above questions in order to give the authorities of Epsom Medical College an opportunity of explaining or denying the grave charges that have lately been made against the institution.—ED. L.

SOUTH AMERICAN CLUB.

THOSE of the profession (and their number is annually on the increase) who have practised in Brazil or the South American Republics will be glad to know that a Club has been formed for the accommodation of gentlemen connected by mercantile, engineering, or other interests with those States. The field for medical and sanitary enterprise has long invited thither the young practitioner or engineer; any European, especially if he is an Englishman, being always welcome in proportion to his power of guarding the health and diminishing the hygienic risks of the white or creole population. It is for such gentlemen during their sojourn in England that the South American Club will have peculiar attractions, affording them means of intercourse and access to information on all questions relating to those latitudes. Full particulars as to the objects of the Club and the conditions of membership may be had on application to J. P. Boyd, Esq., "The Boltons," Kensington, W.

REPORT ON DISINFECTANTS.

WE regret that we are obliged to postpone the second part of our Report on Disinfectants. It will appear in our next number.

THE VALUE OF PROPYLAMINE.

NEW remedies are apt to create enthusiasm, and much has been written in Paris for the last few weeks touching the efficacy of propylamine in acute articular rheumatism. Some obstinate men contended at the same time that this new agent (obtained from decomposing fish) was not quite so efficacious as was supposed, and expressed a belief that the chemical facts upon which the pathology of rheumatism is founded should not be at once thrown overboard, and the use of alkaline salts be quite given up. This is certainly a most rational opposition. But we now find an eminent physician of Paris, Dr. Gubler, saying at the conclusion of an article on the subject in the *Journ. de Pharm. et de Chimie*, June, 1873: "The trust put by some people in propylamine as an agent of some value in the treatment of acute articular rheumatism is not founded upon a sure basis. Among the facts published in support of propylamine, some are actually unfavourable, and others are nothing more than a lucky coincidence. None of these facts can be looked upon as affording satisfactory proof of the efficacy of the new remedy."

THE letter of *Dr. Fox* (Broughton) will appear next week.

THIRD ATTACK OF MEASLES.

To the Editor of THE LANCET.

SIR,—In consequence of Mr. Charles Anderton's request, I beg to state that while practising in Kent I had under my care a young lady suffering from measles, and her family stated she had had the complaint some years previously. She recovered. A brother had the same complaint; and when he recovered, the young lady again had the rash, congestion of eyes, nose, &c., as before.

This is the only case of repetition of *pure* measles I have met with during fifteen years of extensive practice. But I have myself had scarlet fever twice, and diphtheria twice, and I have seen small-pox a second time in a patient so pitted that the eruption occurred on the ridges between the previous scars; and since residing here I have had a case of small-pox immediately after apparently successful vaccination; so I think one need not feel surprised at a case of measles or any of the exanthemata occurring repeatedly.

Yours faithfully,

Terfyn, July 29th, 1873. ALBERT HIND.

To the Editor of THE LANCET.

SIR,—A correspondent in your last number mentions a case of a third attack of measles occurring in his practice, which he considers "not simply anomalous, but unparalleled." The case may be anomalous, but it is certainly not unparalleled, as the following two cases will testify—one occurring in my own family in a boy, now aged nine years, who had his first attack of measles at two years old; the second attack in March, 1871, when he was six and a half; and a third attack in June, 1872, when he was between seven and eight years of age. His brother, now aged ten, had attacks of measles also in March, 1871, and June, 1872.

I well remember attending a family in 1864. At the time they had scarlatina for the third time, and on this occasion very severely, so severely as to cause the death of a boy of eleven years, and to endanger the lives of two others. This family must have been peculiarly susceptible to exanthemata, as they all had had measles three times.

In the case of my own children I have no doubt that each attack was one of measles, as on each occasion I attended them personally.

I am, Sir, yours faithfully,

St. Leonards-on-Sea, July 29th, 1873. A. R. CROUCHER, M.D.

*** Letters have also been received on the above subject from Mr. Green and Mr. Hadaway, which shall be published next week.

PUBLIC BATHS.

The Times, we are glad to see, has devoted a leading article to the question of popular ablution. The necessity for public baths has long been recognised, but with small practical force. Individual munificence, like that of Mr. Bass, has placed the means of ablution at the disposal of special localities; but what is required is the provision of baths in the densely crowded quarters of the metropolis, to which admittance may be had at a low price. Winter baths are not less a necessity, and these too must be provided, if the public are to be kept in health, or to escape the risks annually encountered on such sheets of water as the Serpentine.

THE RECENT DISCOVERY OF HUMAN REMAINS IN A PEAT BOG.

To the Editor of THE LANCET.

SIR,—On examining the place where the remains were found no trace of any method of interment was observed. That part of the moss was less firm and somewhat different in texture and colour from the surrounding. It is supposed to have been the remains of what is called a "sweel" (or swirl) hole (a sort of whirlpool which exists in these mosses, and is sometimes of great depth), but which becomes obliterated by the process of drainage.

In addition to what I stated in my previous communication, a few hairs were to be seen at the back of the ear, of a light-reddish colour (which colour may have been caused by the tanning influence of the peat); also the cerebral membranes, which were exposed by the injury the skull had received on discovery, were perfect, and a small quantity of cerebral matter with the convolutions distinctly marked in it, and having a pale pinkish appearance and of hard consistence, similar to what we might expect from being steeped in acid, was found in its folds.

Two suggestions present themselves as to the probable cause of the want of solidity in the bones. The one is that the skin &c., being buried in the peat, was preserved from the natural process of decay, whilst the earthy material of the bones &c., not being so acted on, were decomposed by time. The other suggestion is that the ulmic acid generated by the decomposition of vegetable fibre may have had some special influence in the solution of the earthy matter.

Yours truly,

Derrock, county Antrim, July, 1873. W. G. W. THOMPSON.

P.S.—The description which I have given has been taken from the body as it is, without in any way injuring the specimen.

HOSPITAL SUNDAY IN STAFFORDSHIRE.

THE Wolverhampton and Staffordshire Hospital may indeed be congratulated on the result of this the fifth year of the simultaneous collections for it. The sum is £1000 9s. 3d., being £120 in excess of the largest amount hitherto collected; 98 collections have been made, and though this is a larger number by 13 than in any previous year, still the greater total now received arises not so much from new collections as from the fact that no less than 55 congregations contributed larger amounts than they did last year. This is a most satisfactory evidence of the increasing hold which these collections are taking of the hearts of the people. Wolverhampton, Bilston, Wednesfield, and the country district have respectively given larger totals than in any previous year, Willenhall and Darlaston alone failing to equal some of their former efforts. The expenses amount to £12 16s. 10d., and the net balance is £987 12s. 5d.

THE DUTCH INDIES.

OUR announcement as to the great dearth of surgeons in the Dutch army now engaged in the Atcheen war has evoked applications from all parts of the kingdom as to the conditions under which English medical officers can join that service. We have no knowledge beyond the fact that a large premium has been offered by the Government of the Stadtholder to all duly qualified surgeons who are willing to serve. Our correspondents had better apply at once to his Excellency the Count Van Bylandt, 40, Grosvenor-gardens, S.W., the Envoy Extraordinary and Minister Plenipotentiary of the Netherlands. The reinforcements to the army now on service against the Atcheenese will probably set sail early in December.

Capt. C. Mercier.—We do not know whether Capt. Mercier wishes us to devote a whole number or a series of numbers of this journal to the discussion of his grievances; but it really appears too much to expect us to insert his long letters week after week. The profession have not mistaken the tone of our article; and if Capt. Mercier cannot comprehend the point of our argument we must leave him to himself.

Dr. Payne, (Bengal Army.)—Many thanks. The interest in the subject has subsided for the present, but an opportunity will probably occur at some future time for utilising the information.

R. M. A., (Portsmouth.)—The lines are Peter Pindar's. They are correctly given in a clever article in this month's *Blackwood*.

ERRATUM.—Owing to an oversight we omitted (page 113) the name of Mr. Powell as the gentleman under whose care the case of Cancer of the Kidney at the Kilburn Dispensary was received.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. T. Holmes, London; Dr. Tilbury Fox, London; Dr. Jacob, Dublin; Mr. Messenger, Guisborough; Mr. Reddell, London; Mr. Barlow, Leicester; Mr. Holden, Norwich; Mr. Folkard, Broxbourne; Dr. Royle, Manchester; Mr. Hine, Peterborough; Dr. Hewitt, Bracknell; Dr. March, Rochdale; Mr. Hardy, Chepstow; Dr. Maguire, Freshfield; Dr. Middleton, Stow; Mr. Laking, Leicester; Mr. L. de Sanctes, Dumfries; Mr. Denton, Weybridge; Mr. Lonsdale, Carlisle; Mr. Morgan, London; Mr. Richards, Darlington; Capt. Mercier, London; Mr. Elliott, Buxton; Mr. W. Gairdner, London; Mr. Lewin; Mr. Grant, Dudley; Mr. E. James, Gorey; Mr. Halford, Newtown; Mr. Robertson, Oakham; Mr. Lake, Birmingham; Mr. Shillitoe, London; Mr. Mackenzie, Mossley; Dr. Croucher, St. Leonards; Dr. Fox, Broughton; Mr. Ashby, Grantham; Mr. H. Hind, Terfyn; Mr. Grindlay, Liverpool; Mr. Barraclough, Buxton; Mr. Watson, Dover; Mr. Panton, Dublin; Mr. Hyde, Ashton; Mr. Radley, Melksham; Mr. Bryden, Leek; Mr. Wilton, Axminster; Messrs. Salt and Son, Birmingham; Mr. Moore, Walton-on-the-Naze; Mr. J. De Grey, Tenby; Mr. Bradshaw, Oxford; Dr. Ellery, Plympton; Mr. Smith, Shepton Mallet; Mr. Hooker, Thirsk; Mr. Gale, Bath; Mr. Winwood, Leicester; Dr. Veale, Dover; Mr. Blyth, Broston; Mr. Pinckney, Macclesfield; Mr. Grayson, Taunton; Dr. Bush, Bristol; Mr. Adams, London; Mr. Hoskings, Stamford; Mr. J. Cathcart, London; Mr. Dale, Higham; Mr. J. Alford, Sandgate; Mr. Hayes, Bamborough; Dr. Harland, Wadhurst; Mr. Briddon, Manchester; Dr. Barlow, Manchester; Mr. Cane, London; Dr. Kidd, London; Mr. Ingpen, London; Mr. Owens, East Farleigh; Mr. Kennerly, Cambridge; Mr. J. Davis, Binfield; Mr. A. Kendall, London; Dr. Hitchman, Liverpool; Mr. Allen, Enfield; Mr. J. E. Dyer, London; Dr. Hope, Dublin; Mr. Gordon, Clifton; Mr. Molony, Waterbeach; Mr. Kreuse, Bristol; Mr. Foreman, London; Dr. Gill, Bath; Mr. T. Allen, Walsall; Dr. Stanley, Wellow; Mr. Farrow, Okehampton; Dr. Meadows, Leicester; Messrs. Matthews Brothers, London; Dr. Bolleau, Templemore; Mr. Reynolds, Guy's; Mr. Hall, London; Dr. R. Holt, London; Mr. J. Redmayne, Hereford; Dr. C. Black, Glasgow; Mr. Lewis, Ryde; Mr. Granton, Barnes; Mr. Perkins, Soaith; Mr. Slater, Woodford; Mr. Higgs, Wrexham; Dr. Pierce, Hulme; Mr. J. Daintree, Buxton; Mr. R. Hough, Kebworth; Mr. Douglas, St. Andrews; Mr. Cory, Birkenhead; Mr. O'Connell, Havre; Mr. Lawson Tait; Mr. E. Comerford, Liverpool; Mr. Evans, Walsall; Mr. Barnett, Plymouth; Mr. S. Wallace, Northampton; Mr. White, Waltham; Mr. Woolley, Everton; Mr. Heim, Bristol; Mr. Hampson, Stockport; Mr. Hawkins, Newbury; Mr. Townley, Chester; Mr. Andrews, Burnham; Mr. Lawrence, Chepstow; Mr. Green, London; Mr. Layton, Leeds; Mr. Hadaway, London; Mr. J. Brown, Brighouse; The President of the Royal College of Surgeons; G.; A Surgeon; The Plaintiff; Justitia; T. W.; D. M. B.; One who Knows Something; Timidity; L.K. & Q.C.P.I.; Medicus; Subscriber; Enquirer; &c. &c.

Banbury Guardian, Colonial Standard, Kingston Morning Journal, Gleaner, New Era, and *Sheffield Daily Telegraph* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, JULY 31st, 1873.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
July 25	30·12	S.W.	61	66	119	81	58	0·2	Fine
„ 26	30·00	W.	61	66	113	75	56	...	Overcast
„ 28	30·06	W.	56	61	112	72	53	...	Fine
„ 29	30·04	N.W.	59	65	115	80	53	...	Fine
„ 30	30·02	W.	63	68	116	82	60	...	Fine
„ 31	30·08	W.	64	68	112	80	62	...	Overcast

Medical Diary of the Week.

Monday, Aug. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 3 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Aug. 6.

HOSPITAL FOR WOMEN, Soho-square.—Expected Operations, 9½ A.M.: Two cases of Ovariotomy, and one case of Colotomy.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Aug. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
LONDON HOSPITAL.—2 P.M.: Lithotomy and other Operations, by Mr. Hutchinson.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Aug. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 3 P.M.

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